

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, February 23, 2021; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/93293926195>  
or call

1-253-215-8782 and enter webinar ID 932 9392 6195

<b>I.</b>	<b>CALL TO ORDER</b>	<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>	<b>5:32</b>
<b>III.</b>	<b>APPROVE AGENDA</b>	<b>5:34</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>	<b>5:35</b>
<b>V.</b>	<b>CONSENT AGENDA</b>	<b>5:45</b>
	A. January 26, 2021 Board of Directors Minutes	(Pg.3)
	B. December 2020 Financials	(Pg.10)
<b>VI.</b>	<b>NEW BUSINESS</b>	<b>5:55</b>
<b>VII.</b>	<b>OLD BUSINESS</b>	<b>6:00</b>
<b>VIII.</b>	<b>MEDICAL STAFF REPORT</b>	<b>6:05</b>
<b>IX.</b>	<b>COMMITTEE REPORTS</b>	<b>6:10</b>
	A. CEO Recruitment Committee Minutes	
	1) January 27, 2021	(Pg.15)
	2) January 30, 2021	(Pg.16)
	3) February 2, 2021	(Pg.17)
	4) February 4, 2021	(Pg.18)
	5) February 6, 2021	(Pg.19)
	6) February 7, 2021	(Pg.20)
	7) February 12, 2021 Draft Minutes	(Pg.21)
	8) February 20, 2021 Draft Minutes	(Pg.22)
	B. February 9, 2021 Draft Physician Recruitment Meeting Minutes	(Pg.23)
	C. February 12, 2021 Draft Planning Committee Meeting Minutes	(Pg.25)
	D. February 17, 2021 Draft Compliance and Audit Meeting Minutes	(Pg.29)
	E. February 18, 2021 Draft Governance Committee Meeting Minutes	(Pg.30)
	F. February 19, 2021 Draft Finance Committee Meeting Minutes	(Pg.31)
	1) BSSC Building Purchase – <b>ACTION ITEM</b>	
<b>X.</b>	<b>MANAGEMENT REPORTS</b>	<b>6:25</b>
	A. Legal Management report	(Pg.33)
	B. HR Management report	(Pg.34)

	C. CNO Management report	(Pg.35)	
	D. COO Management report	(Pg.39)	
	E. CBHO Management report	(Pg.44)	
	➤ FY21 Quarter 2 Community Navigator Report	(Pg.48)	
	➤ Community Based Crisis Intervention Services Overview	(Pg.52)	
	F. CFO Management report	(Pg.53)	
<b>XI.</b>	<b>CEO REPORT / STRATEGIC DISCUSSION</b>		<b>6:35</b>
	A. COVID-19 Update		
	B. ASHNHA Update	(Pg.56)	
<b>XII.</b>	<b>PRESIDENT REPORT</b>		<b>6:40</b>
	➤ Governance Institute Conferences and Webinars	(Pg.61)	
<b>XIII.</b>	<b>BOARD CALENDAR – March 2021</b>	(Pg.63)	<b>6:45</b>
<b>XIV.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>		<b>6:50</b>
<b>XV.</b>	<b>EXECUTIVE SESSION</b>		<b>6:55</b>
	A. Credentialing report		
	B. February 2, 2021 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Union Negotiations		
	➤ Wage Proposals		
	➤ Bargaining Status Update		
	E. Legal and Litigation Review		
	F. CEO Recruitment		

*Motion by xx, to recess into executive session to discuss several matters:*

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and union negotiations.*

*And*

- *To discuss pending litigation related to BRH, specifically a candid discussion of the facts and legal strategies with BRH’s attorneys;*

*And*

- *To discuss subjects that tend to prejudice the reputation and character of any person, namely applicants for the Chief Executive Officer (BRH Board and Dallas Hargrave only.)*

<b>XVI.</b>	<b>ADJOURNMENT</b>		<b>7:30</b>
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# Bartlett Regional Hospital

**Minutes**  
**BOARD OF DIRECTORS MEETING**  
**January 26, 2021 – 5:30 p.m.**  
**Zoom videoconference**

**CALL TO ORDER** – Board of Director’s meeting called to order at 5:30 p.m. by Kenny Solomon-Gross, Board President

**BOARD MEMBERS PRESENT**

Kenny Solomon-Gross – President	Rosemary Hagevig, Vice-President	Mark Johnson, Secretary
Brenda Knapp	Lance Stevens	Lindy Jones, MD
Iola Young	Deb Johnston	Hal Geiger

**ALSO PRESENT**

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Rose Lawhorne, CNO
Barbara Nault, Legal Advisor	Keegan Jackson, MD, COS	Joy Neyhart, DO
Michelle Hale, CBJ Liaison	Anita Moffitt, Executive Assistant	Randy Sutak (Public)
Donald Law (Public)	Joe Wanner (Public)	KRoseman (Public)
Rashah McChesney, KTOO	Loren Jones (CBJ Assembly)	Christine Woll (CBJ Assembly)
Kayla Mount (BRH Staff)	Kris Muller (BRH Staff)	Katie Bausler (Public Relations)
Gail Moorehead, Quality Director	Debbie Kesselring, Director Medical Staff Services	
Sarah Griffith (Elgee Rehfeld)	Adam Sycks (Elgee Rehfeld)	Karen Tarver (Elgee Rehfeld)
Nancy (Public)	XXX-XX-1393 (Public)	

Mr. Solomon-Gross introduced and welcomed the new Chief of Staff, Dr. Keegan Jackson. Dr. Jackson shared that she is originally from Michigan and has been a family medicine physician at SEARHC for the past 7 ½ years. She has adapted well to Juneau. She served as the vice chief of staff last year and looks forward to being the voice for the physicians this year.

Mr. Solomon-Gross introduced new Board member, Hal Geiger. Mr. Geiger shared that he has been in Juneau since 1982. He has been the president for the Foundation of End of Life Care for a number of years.

**PUBLIC PARTICIPATION** – Randy Sutak introduced himself and expressed concerns about the safety of the Salmon Creek Dam. In 1963, a license was issued for the dam with the stipulation that the dam would be rehabilitated due to cracks in the dam. This was done by putting more concrete on the face of the dam to seal it. In 1982, a third party engineer made a recommendation to lower the water level by 40 feet and take off the top 43 feet and establish a new spillway to prevent major damage. In 2012 another study was conducted and the same issues reiterated. These actions were not taken and we are susceptible to a sizeable earthquake. Mr. Sutak also expressed concern that there is nothing to tell people how soon they need to get out of the area if the dam breaks. There is opportunity to do something now, before something happens, to make information available to everyone in the area. Ms. Young asked what Mr. Sutak’s expertise is and what his interest is in this matter. Mr. Sutak is a heavy equipment operator for the state. His interest is that his wife works in the hospital area and he started wondering what would happen if the dam failed. Ms. Hagevig thanked him for his presentation and recommended that Mr. Sutak provide this information to the Borough Assembly and their Public Works Committee to begin conversations. As owners of the dam, AEL&P should be brought into the conversations as well. In response to Ms. Knapp’s questions, more background information regarding the studies and the recommendations was provided. Mr. Stevens stated that we are working with the City to provide a secondary road access to the hospital. Mr.

Sutak expressed his willingness to help with the secondary road access if he could be of assistance in any way and reiterated the importance of hospital access in an emergency. Discussion held about evacuation signage. Mr. Solomon-Gross thanked Mr. Sutak for his presentation.

Donald Law, manager of Alaska Pellets Supply, introduced himself. Alaska Pellets Supply provide bulk commercial pellets to Alaska. He referenced a pre-feasibility study that had been conducted for BRH's heating needs between 2017 and 2019. The study looked at biomass for BRH. If BRH conducts another study and determines that pellets are the way to go for a more energy efficient, renewable source, his company has the ability to deliver pellets to our location.

**FINANCIAL AUDIT PRESENTATION:** Sarah Griffith, CPA partner with Elgee Rehfeld, LLC introduced herself and partners, Karen Tarver and Adam Sycks. This year's standalone audit was conducted of BRH's June 30, 2020 financial statements. As part of the CBJ entity wide audit, two BRH federal and state grants are subject to audit. An overview of the timing and the audit process was given. Due to COVID, everything was done remotely and the audit took longer to conduct. Completion of the audit was also delayed due to the complexities of provider relief funds received from the CARES ACT. Cost report filing dates were extended due to COVID so allowed ample time to complete the audit. Detailed review of the audit was presented at the January 8<sup>th</sup> Finance Committee meeting. The primary objective of the audit is to issue an opinion on the accuracy of the financial statements and to provide reasonable assurance that the financial statements are free from material error. The audit opinion is unmodified, financial statements are materially correct. Financial statements contain significant estimates and actual results from those estimates will probably differ. Financial statement preparation and audit adjustments are prepared by Elgee Rehfeld based on accounting system and management provided data. Management retains responsibility of the financial statements by reviewing the draft and accepting it. Material adjustments made to accounting records as part of the audit process was to the estimate on the bad debt and contractual allowance amount and to the GASB 68 and 75 adjustments. Statement of net position (balance sheet) show total assets of \$162 Million, total liabilities and deferred inflow of resources \$100 Million resulting in a net worth of \$61 Million. The income statement shows operating revenues of \$103 Million, operating expenses of \$105 Million with an operating loss of \$1.6 Million before taking into account \$8 Million in non-operating revenues and expenses. A letter to the Board of Directors summarizes any findings or issues to report. There was nothing to report that they consider findings of significant deficiencies or material weaknesses in internal controls over financial reporting or difficulty with management. There were no prior year significant deficiencies, material weaknesses or findings to report on the current year report status. This is the second year in a row of having a clean audit. The CBJ entity wide audit for the State and Federal grants single audit results are not yet complete. We do not anticipate any issues with either of these grants, however, issues could come up. Provider relief funds are subject to federal single audits next year. Mr. Stevens obtained confirmation that one of the components of the net position change is related to GASB 68 and 75. Mr. Benson noted that this is really an unprecedented year with COVID related financial implications. He thanked the auditing team and the BRH staff for the hard work put into this audit. The results of the audit really reflect that we have a strong team dedicated to the success of BRH. Ms. Griffith thanked Mr. Benson and his team for their work, it was a pleasure working with everybody. Mr. Solomon-Gross thanked the auditing team for their work and for providing a clear understanding of the audit. Ms. Griffith noted the auditing team works for the BOD and is available throughout the year to answer any questions for the Board. ***Ms. Johnston, on behalf of the Finance Committee, made a recommendation for the audit report to go to the Board for Acceptance. There being no objection, financial audit report accepted.***

**CONSENT AGENDA - MOTION by Ms. Hagevig to approve the consent agenda. Mr. Johnson seconded. There being no objections, consent agenda approved.**

**NEW BUSINESS: None**



**OLD BUSINESS: Casual Offer Letter for Chuck Bill** – Mr. Hargrave provided an overview of an offer letter to retain Mr. Bill as a casual employee after his February 5<sup>th</sup> retirement date as CEO. This position is for a set period of time and on an as needed basis. Mr. Bill will report to Mr. Benson who will identify the work Mr. Bill will be helping with.

**MOTION by Ms. Knapp to approve this offer letter and presenting it to Mr. Bill. Mr. Johnson seconded.**

It was clarified that his employment could be ended at any time and interim CEO, Kevin Benson, would work with Mr. Solomon-Gross to identify and monitor the scope of work to be done. Mr. Benson will identify the work Mr. Bill is working on and the amount of time spent in his monthly board report. Mr. Benson noted the importance of taking advantage of Mr. Bill's relationships through the federal and state legislation sessions. Mr. Hargrave indicated that the new CEO could help determine when Mr. Bill's services would no longer be needed. In the interim, Mr. Benson would have control over the number of work hours to be provided. *There being no objection, MOTION approved.*

**Medical Staff Report** – Dr. Jackson noted the minutes from the January 5th Medical Staff meeting are in the executive session portion of the packet. She reported that physicians are working on their training for the upgrade of the electronic health records (EHR) system to Meditech Expanse. There was an IT update which involves use of a badge reader to quickly log in and out of computer systems. This will improve efficiencies for multiple physicians using the same computer. Also being rolled out is HIPAA compliant texting software called EASE. This allows secure text notifications to be sent with patient updates to authorized parties. The transference of money from the Juneau Medical Society's account to the BRH Foundation has been finalized. Mandatory contribution funds collected in the future will go directly to the Foundation.

#### **COMMITTEE REPORTS:**

**CEO Recruitment Committee Meeting** – Minutes from the recent CEO Recruitment meetings are in the packet. It was noted that Ms. Knapp was in attendance at the meeting on January 20<sup>th</sup> but was not recognized as such in the minutes.

**Finance Committee Meeting** – Draft minutes from the January 8<sup>th</sup> meeting are in the packet. The financial audit presentation took up the bulk of the time at that meeting. Potential for the purchase of the property located at 3225 Hospital Drive was discussed. The Finance Committee is recommending that we bring this forward to the full Board to pursue purchase of this property in the amount of \$2 Million dollars contingent on the engineer's report. From the Finance Committee's perspective, the fact that there is so little land surrounding the hospital and the purchase price in comparison to the appraisal makes it worth moving forward with this. Mr. Benson reported since the Finance Committee meeting, the representative of the owners has stated that the owner is now asking \$2.5 Million for this property. We do not have the engineer's report back yet for the survey that had been conducted last week but verbal indications is that there is nothing really significant. The seller has kept the property off the market to provide the opportunity for BRH to make the purchase but there is a sense of urgency for the seller to move ahead. Ms. Knapp noted that BRH has acted in good faith based on the asking price we were given. As a negotiating stance, we should move forward with \$2 Million price the Board was prepared to offer. Discussions were held about what the engineer's report looks at, other matters to consider such as tenant occupancy, parking leases and BRH's needs for space for future services and remodeling transitions. Mr. Benson noted the engineer's report should be available by the end of the week. Mr. Bill reported that he had updated the owner's representative that a recommendation to approve \$2 Million for the purchase of this property was to be put to the Board. It is unknown if the owner will hold firm at \$2.5 Million. If they do, our options would be to amend the recommendation from Finance to allow for that or to take it back under consideration and delay it longer. Mr. Geiger asked for staff recommendations. Mr. Bill recommends that the Board move forward to approve the recommendation of the finance committee at the \$2 Million. The alternative is not to exceed \$2.5 Million. He agrees that BRH has been working in good faith and that this is not the most desirable property in Juneau. (Michelle Hale stated that she was in attendance as the 4990 number identified at the January 8<sup>th</sup> Finance meeting for the purpose of correcting the minutes.) Mr. Benson confirmed there is nothing in writing and agrees with Mr. Bill's recommendations. He also stated that if the BOD approves this purchase, it will be taken up at the Lands Committee meeting on February 1<sup>st</sup> and could go as an

introductory resolution to the Assembly for appropriation on February 8<sup>th</sup>. Ms. Knapp, Ms. Johnston and Mr. Geiger support the recommendation that came out of the Finance Committee noting that a counter offer from the owner will delay the process. At Ms. Young's query, Mr. Solomon-Gross confirmed that everything is contingent on the engineer's report. Ms. Hagevig suggests a thorough review of the engineer's report. Ms. Knapp and Mr. Solomon-Gross support having the Executive Committee hold a meeting to review the engineer's report before making an offer. A meeting will be scheduled when the report comes in. Mr. Johnson requested a roll call vote be taken. Mr. Solomon-Gross repeated the ***MOTION to approve the Finance Committee recommendation to enter into an agreement to purchase the property located at 3225 Hospital Drive for the amount of \$2 Million, contingent on the engineer's report.*** When the engineer's report comes in, findings will be reviewed by the Executive Committee. Roll call vote taken, ***MOTION unanimously approved.***

**Board Quality Committee Meeting** – Draft minutes from the January 13<sup>th</sup> meeting are in the packet. Three major items on the agenda were 1) Risk Management Plan which was approved by the committee and ready to move forward to the Board; 2) the Infection Prevention Plan which still requires more work; 3) The Patient Safety and Quality Improvement Plan which is still being developed. Action will not be taken on the Risk Management Plan tonight as the committee has decided to wait and present all three plans to the Board for approval at the March Board of Directors meeting.

#### **MANAGEMENT REPORTS:**

**Legal report** – Ms. Nault revisited the allocation of responsibility among the legal teams of Studebaker Nault and the CBJ Law Department. CBJ Law will continue to provide legal advice on routine personnel matters, executive contracts, union contracts and union contract negotiations. They will also handle any emergency type legal issues including title 47 hold questions, quarantine and isolation orders and will also manage subpoena and records requests directed to the medical records department. They will be responsible for lands and facilities, including leases, acquisitions, contracts, etc. and will continue to manage all litigation matters including but not limited to any medical malpractice. Studebaker Nault will be primarily involved with matters involving compliance, licensing, accreditation, matters involving CMS, Medicare, Medicaid, anything related to the OIG or DEA, HIPAA matters, stark and anti-kickback, AK State related healthcare regulatory issues. They will also work with the Board on any matters involving medical staff to the extent that those come up. She noted that Medical Staff has separate legal counsel from Horty Springer to advise them on routine legal matters. In addition, Studebaker Nault will work with the hospital on healthcare and specialized contracting and procurement matters that might entail professional services arrangements, medical services contracts, vendor and similar type of agreements. These have been the bulk their work since mid-December. Ms. Nault will attend all Board meetings and be available to attend committee meetings if requested to do so. She is also available for any questions regarding by-laws, procedures or amendments or proposals related to Title 40 that may go before the Assembly. She did note that questions asked of her may be answered by CBJ legal if it's more appropriate for them to do so and vice versa. She then provided a high level summary of the projects her company has been working on. Mr. Bill stated that Ms. Nault and her team are very well qualified to help on the healthcare side of our legal needs. Studebaker Nault working with CBJ Legal is a great solution to our situation. Ms. Nault is a great asset and will do very well for the hospital but he does caution against using her firm excessively due to the expense of doing so.

**HR report** – No questions or comments.

**CNO report** – Mr. Solomon-Gross thanked Ms. Lawhorne for the great report. He expressed excitement over hiring more local nurse graduates and asked for an update on the 12 hired in 2019. Ms. Lawhorne reported that all 12 nurses are still working for us. We have 3 new nurses graduating from programs that ended in December and are now working through licensure. We have a cohort that ends in May that will provide us with 6 more nurses if they complete the program and get their licenses.

**COO report** – Mr. Solomon-Gross asked what the challenges are of the new triage building and what we are doing to mitigate them. Mr. Gardner reported that the building had been unable to maintain temperature even after new heaters were ordered and installed. After further investigation and adjustments, it appears to be maintaining temperature as of this afternoon. Buckling in the flooring has also been identified and will be remedied. He then reported that installation of the ROCHE 6800, supporting equipment as well as employee training has been completed. Mr. Benson is working CBJ and BRH staff to identify payment sources for the equipment. Smartsheets will be used for registration and billing. Interfacing issues between the ROCHE 6800 and Meditech are still being addressed. We are limited to 960 tests per week, including the 14 quality/calibration tests, due to supply availability. We hope to have a soft start in mid-February if no other issues identified. HIM, PFS, PAS, Quality, Lab and IT departments were recognized by Mr. Gardner for their hard work put into this project. Board and City members were also thanked for their support. Dr. Jones initiated a

discussion about when BRH should consider reaching out about providing testing for the city wide testing groups. Ms. Hale noted weekly meetings are conducted with CBJ entities and BRH to discuss matters such as these. She also expressed appreciation on behalf of the Assembly for all of the work staff, Senior Leadership and the Board have put into this project. Mr. Bill highlighted some of the logistical and licensure challenges for BRH to be able to provide testing for the airport and other entities. He expressed total commitment to this project and said it's an honor to be in the position to be able to support the community in this way. He asks for understanding that these hurdles are complicated issues that are not totally in our control. Ms. Hagevig noted that this is a really outstanding example of BRH responding to a community need and truly taking on its role as a community hospital. This project emerged from people within the business community and she wonders at what point we will be able to interface with the Beacon contractor for the legislature and whatever school district puts together. Mr. Gardner noted there are processes to be finalized before this can happen and that weekly updates are being provided to CBJ. Ms. Hale seconded Ms. Hagevig's statement that BRH has really proved itself as a community hospital. Ms. Knapp reiterated the need to assure testing of the legislature is timely and responsive allowing for the safety of them, their staff and the community. Mr. Geiger questioned the number of tests that can be conducted per day. The machine has the capability to run 1,380 samples per day if run by robots 24 hours per day and had unlimited supplies. BRH does not have robots to run the tests and is currently limited to 960 tests per week (946 after required calibration tests). This supply chain is not going change until at least late March. We have put a lot of pressure on the supplier trying to get more but we are competing with everyone else for the same supplies. In response to Mr. Solomon-Gross, Mr. Gardner acknowledged the supplies on hand as well our usage of the Cepheid Analyzer and the use of LabCorp for send outs. Mr. Johnson asked if the reagents on hand work will the new variants of the virus. Indication is yes. In response to Mr. Solomon-Gross, Mr. Bill clarified that the middle of February is when a soft opening for testing is planned. A process is to be developed before BRH can take over testing for the airport and legislature, etc. The end of February is optimistic on that expansion. Ms. Hale noted that Mr. Barr is working closely with BRH, the Capital, Beacon and other entities to keep a pulse on progress and to identify steps to continue moving forward. Mr. Bill said everyone is hopeful that we can do this sooner rather than later and noted the importance of not setting false expectations. The group will work together to make sure it's coordinated and happens appropriately.

**CBHO report** – Mr. Stavens noted the cross collaboration between Mr. Grigg's and Ms. Lawhorne's departments to expand Behavioral Health services and thanked them for doing so. Mr. Grigg stated that we have depended heavily on nursing directors and managers to help make this a success. Mr. Johnson asked if the number of kids currently being seen is a result of COVID isolation and the closing of schools or is this more of a long term trend. Mr. Grigg said it's a variety of things, including these. We have not seen a plateau yet and continue to see kids in crisis. Ms. Knapp and Mr. Solomon-Gross expressed appreciation for the services provided to our community.

**CFO report** – No questions. Mr. Benson reported that he attended a webinar this morning regarding the Provider Relief funds from the CARES money. The requirements have changed again and the reporting has been delayed from February 15<sup>th</sup> to some date in the future. More information to come.

**CEO REPORT** – Mr. Bill stated that it's pretty incredible all that we are currently dealing with. He noted that since submitting his written report, a number of things have come up. He shared that BRH has received a Top Rated Hospitals for Patient Experience award from the Becker's hospital review for the second year in a row. He also noted that we continue to work with the ASHNHA Legislative Committee to discuss what is going on at the State with the State budget. The Governor's proposal is a neutral budget for Medicaid, what they pay us this year is what they should plan on paying us next year. The caveat is that there is a 5% cut made up with CARES Act funding. If CARES Act funding is not available next year, they'll be dealing with a 5% cut to start negotiations. This is pretty dramatic since Medicaid is about 40% of our revenue. He reported that BRH recently had an investigation by the AKOSH (Alaska Occupational Safety and Health) Department in response to a complaint about employee safety and workplace violence in the hospital related to COVID. Union representatives sat in on the interviews with union employees. We do not have the final report yet but the initial exit discussions were pretty positive. We anticipate the final exit summary report in 2-6 weeks. He is confident that BRH can be looked at as the poster child for how to do things right. We have done an amazing job in protecting our patients and employees from COVID and addressing workplace violence, etc. This week, we have 3 surveyors from DHSS (Department of Health and Social Services) for a complaint about infection control and antimicrobial stewardship. We expect them to be here all week looking at all areas of the hospital. As representatives of CMS, they are not supervised, don't have an escort, can go where they want and ask what they want. BRH has a lot to be proud of and to share. We hope they recognize that while trying to identify things that we can do better. He also reported that there have been follow-up meetings with Dr. Neyhart to discuss her concerns regarding the future of pediatric care in Juneau if Rainforest Pediatrics closes. A meeting was also held with other pediatric providers and Dr. Neyhart to discuss this. There

was confidence that the other providers in town would be able to care for patients of this clinic and they do not want the hospital to get into a hospital owned primary care practice. Discussions about this will continue. Ms. Callahan is working to set up a process for site visits and interviews for General Surgeon candidates. More information will be provided through the Physician Recruitment Committee. Mr. Bill and Mr. Benson were guests on Capital Chat this morning to introduce Mr. Benson to the community as the interim CEO of BRH and to allow Mr. Bill to thank the community, Pete Carran and radio station for all of the support they've given over the years. Mr. Bill extends his thanks to the Board and Medical Staff for all of their support over the years as well. He will have a farewell notice in the next Bartlett Buzz and Housecalls publications. It has been a pleasure and he and his wife, Sue have greatly enjoyed their time in Juneau.

Mr. Johnson acknowledged that since Mr. Bill has been here, BRH has implemented a Hospitalist Program, advanced programs in Behavioral Health and many other things. Ms. Hagevig acknowledged Mr. Bill and thanked him, especially for his leadership as the captain of the ship and guiding us through the COVID pandemic. He and his team did an outstanding job and it is greatly appreciated. She said he will be missed and she wishes him well in Colorado. Ms. Knapp noted that when she joined the board in 2015, the hospital was still on shaky grounds due to turnover in Senior Leadership and staff. Since that time Mr. Bill has slowly and surely turned things around. He is leaving us with a hospital we can be proud of and a good strong management team for his replacement. She wishes him the best for his retirement. Dr. Neyhart echoed what has been stated by the board members but from the perspective of a medical staff member. She has developed a huge appreciation for his guidance and leadership and expressed her thanks and good wishes for his future. Mr. Stevens noted the last two years working together as the CEO and Board President was a learning experience. He said he enjoyed the time together, learned a lot and that the amount of attention and knowledge of Mr. Bill will be missed.

**PRESIDENT REPORT** – Mr. Solomon-Gross noted the committee assignment list is in the packet. He thanked the board members for their assistance and willingness to answer any questions he has. He reported that there is going to be a Committee of the Whole (COW) ad-hoc committee after a new CEO is in place. This committee will be chaired by the Board Vice-President and will focus on affiliations. He acknowledged Marshal Kendziorek for his contributions and time of service to the BRH Board and Lance Stevens for his time and contributions as Board President for the past two years. A leaf will be placed on the Bartlett Foundation giving tree for each of them in recognition for their service to the Board. Mr. Solomon-Gross then provided a little background of how Mr. Bill came to Juneau and highlighted some of his accomplishments while here: Built up behavioral health services for the community and hiring Bradley Grigg, implemented a successful Meditech conversion, started a 24/7 Hospitalist program, stabilized BRH's financial situation, guided BRH through this pandemic and built a strong leadership team. He is leaving BRH in a much stronger position than it was when he came. His expert advice and leadership is much appreciated by the Board and will be missed. An upgrade will be made to the leaf on the Bartlett Foundation's Giving Tree in Mr. Bill's honor. He thanked Mr. Bill and wished him the best of luck for his future. Mr. Bill thanked everyone and acknowledged that it takes a great team and that Juneau is a great place.

**BOARD CALENDAR** – February calendar reviewed. No additions or changes at this time. CEO Recruitment Committee meetings will be added when dates and times are identified.

**BOARD COMMENTS AND QUESTIONS** – None

**MOTION** by *Mr. Stevens to extend the Board meeting to 8:30pm. Ms. Hagevig seconded. MOTION approved.*

**EXECUTIVE SESSION** – **MOTION** by *Mr. Stevens to recess into executive session as written in the agenda to discuss several matters:*

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and union negotiations.*

*And*

- *To discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss CEO recruitment examination materials that are confidential.*

*And*

- *To discuss possible BRH litigation, specifically a candid discussion of the facts and litigation strategies with the BRH attorney. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

**Ms. Hagevig seconded.** The Board entered executive session at 7:50 p.m. and returned to regular session at 8:33 p.m.

**MOTION by Ms. Hagevig to approve the credentialing report as presented. Ms. Knapp seconded. MOTION approved.**

**ADJOURNMENT – 8:34 p.m.**

**NEXT MEETING: 5:30pm -Tuesday, February 23, 2021**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

DATE: February 12, 2021  
TO: BRH Finance Committee  
FROM: Kevin Benson, Chief Financial Officer  
RE: December Financial Performance

Bartlett Regional Hospital continues to incur decreases in inpatient volumes resulting in an inpatient revenue shortfall of \$1.4 million (25%). After 6 months, inpatient revenues are \$7.1 million (20%) behind the budget target. Outpatient revenues were strong exceeding budget by \$480,000 (5%) ahead of budget. Year-to-date, outpatient revenue has performed well and is currently running \$1.3 million (2.3%) ahead of budget and 7% greater than the prior year.

Rainforest Recovery reopened the very end of October at 50% capacity and is steadily increasing volumes and generating greater revenues and finishing the month 14% less than budget. Physician revenue exceeded budget by \$34,000 or 3%. Total revenues were short of budget by \$920,000 thousand or (6%). Year-to-Date revenues are \$4 million short of budget or 8%.

Deductions from Revenue was less than budget commensurate with the reduction of revenue by \$274,000 thousand or 4%.

Net Patient Revenue finished \$646,000 or 7% less than budget. Since HHS relaxed the rules surrounding the realization of Provider Relief Funds, we were able to record the funds remaining of \$1.7 million and is reflected in Other Operating Revenue. As a result, Other Operating Revenues finished \$2.4 million greater than budget. This resulted in a overage of \$1.7 million or 18% greater than budget target.

Expenses exceeded budget by \$1.2 million or 12%. The biggest variance in supplies was a result of a failure between the Materials Management application and the Inventory system. This error occurred over several months so it was not noticed and resulted in a correction of \$500,000 to expense. Increased staff costs were incurred with unbudgeted Covid-19 staffing (triage, front desk, molecular lab, etc.). After all this Bartlett finished with an Operating Income of \$261,000 and a Net Income of \$436,000. After 6 months BRH has a small Net Income of \$822,000 or 1.32%.

#### Other Significant Items:

- As a result of COVID, the Year-to-Date expense for oxygen is \$122,000 which is 100% greater than budget. The cost of send our lab tests is \$289,000 which is 80% greater than budget.

**Bartlett Regional Hospital  
Dashboard Report for December 2020**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Nov)	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Hospital Inpatient: Patient Days</b>									
Patient Days - Med/Surg	383	386	-1%	375	386	2,226	2,290	-3%	2,405
Patient Days - Critical Care Unit	93	96	-3%	75	84	595	572	4%	542
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	15.4	15.6	-1%	15	15.7	15.3	15.6	-1%	16.0
Patient Days - Obstetrics	46	69	-33%	60	57	373	410	-9%	409
Patient Days - Nursery	35	54	-35%	44	60	309	319	-3%	378
<b>Total Hospital Patient Days</b>	<b>557</b>	<b>605</b>	<b>-8%</b>	<b>554</b>	<b>587</b>	<b>3,503</b>	<b>3,590</b>	<b>-2%</b>	<b>3,734</b>
Births	18	25	-27%	21	24	151	146	3%	166
<b>Mental Health Unit</b>									
Patient Days - Mental Health Unit	121	279	-57%	216	163	997	1,656	-40%	1,763
Avg. Daily Census - MHU	3.9	9.0	-57%	7.0	5	5.4	9.0	-40%	9.6
<b>Rain Forest Recovery:</b>									
Patient Days - RRC	173	399	-57%	329	167	358	2,371	-85%	2,020
Avg. Daily Census - RRC	6	12.9	-57%	10.6	6	2	12.9	-85%	11.0
Outpatient visits	139	19	618%	26	80	517	473	9%	139
<b>Inpatient: Admissions</b>									
Med/Surg	64	80	-20%	65	57	341	474	-28%	421
Critical Care Unit	33	45	-26%	40	37	213	265	-20%	241
Obstetrics	20	27	-25%	23	25	162	158	2%	167
Nursery	18	25	-27%	21	24	151	147	3%	174
Mental Health Unit	20	37	-46%	29	15	124	222	-44%	225
<b>Total Admissions - Inpatient Status</b>	<b>155</b>	<b>213</b>	<b>-27%</b>	<b>178</b>	<b>158</b>	<b>991</b>	<b>1,266</b>	<b>-22%</b>	<b>1,228</b>
<b>Admissions - "Observation" Status</b>									
Med/Surg	71	57	25%	47	54	370	337	10%	346
Critical Care Unit	25	30	-18%	25	28	157	180	-13%	201
Mental Health Unit	3	3	18%	4	1	14	15	-7%	12
Obstetrics	17	19	-11%	18	11	84	114	-26%	113
Nursery	0	0	-100%	0	0	0	1	-100%	5
<b>Total Admissions to Observation</b>	<b>116</b>	<b>109</b>	<b>6%</b>	<b>94</b>	<b>94</b>	<b>625</b>	<b>647</b>	<b>-3%</b>	<b>677</b>
<b>Surgery:</b>									
Inpatient Surgery Cases	49	53	-7%	38	38	296	313	-5%	295
Endoscopy Cases	100	92	9%	93	91	524	546	-4%	588
Same Day Surgery Cases	111	104	7%	118	107	699	615	14%	536
<b>Total Surgery Cases</b>	<b>260</b>	<b>248</b>	<b>5%</b>	<b>249</b>	<b>236</b>	<b>1,519</b>	<b>1,474</b>	<b>3%</b>	<b>1,419</b>
Total Surgery Minutes	17,474	15,437	13%	16,227	16,651	108,796	91,624	19%	90,877
<b>Outpatient:</b>									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	941	1,243	-24%	1,146	863	5,696	7,378	-23%	7,387
Cardiac Rehab Visits	56	65	-14%	52	57	342	387	-12%	453
Lab Visits	319	402	-21%	302	266	1,721	2,388	-28%	1,518
Lab Tests	9,743	8,572	14%	9,359	9,479	58,519	53,636	9%	53,636
Radiology Visits	796	840	-5%	844	711	4,796	4,985	-4%	4,698
Radiology Tests	3,506	2,449	43%	2,178	2,123	13,961	15,361	-9%	15,361
Sleep Study Visits	7	29	-76%	28	13	134	171	-22%	138
<b>Physician Clinics:</b>									
Hospitalists	257	237	8%	252	217	1,390	1,409	-1%	1,083
Bartlett Oncology Clinic	79	83	-5%	66	85	505	495	2%	396
Ophthalmology Clinic	78	55	43%	64	78	558	324	72%	-
Behavioral Health Outpatient visits	437	385	13%	326	407	2,399	2,287	5%	2,432
Bartlett Surgery Specialty Clinic visits	250	209	20%	247	242	1,365	1,240	10%	1,742
	1,101	969	14%	955	1,029	6,217	5,754	8%	5,653
<b>Other Operating Indicators:</b>									
Dietary Meals Served	22,663	30,346	-25%	31,754	19,820	118,529	180,116	-34%	153,222
Laundry Pounds (Per 100)	381	384	-1%	352	357	2,244	2,278	-1%	2,400

**Bartlett Regional Hospital  
Dashboard Report for December 2020**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Financial Indicators:</b>								
Revenue Per Adjusted Patient Day	5,047	4,652	8.5%	3,903	5,851	4,520	29.5%	4,316
Contractual Allowance %	44.4%	43.0%	3.2%	42.4%	43.9%	43.0%	2.2%	40.7%
Bad Debt & Charity Care %	2.2%	2.7%	-16.6%	2.5%	1.2%	2.7%	-53.7%	2.7%
Wages as a % of Net Revenue	57.7%	49.5%	16.6%	49.6%	53.5%	47.2%	13.4%	46.5%
Productive Staff Hours Per Adjusted Patient Day	28.8	22.1	30.1%	18.9	31.9	17.7	79.7%	17.7
Non-Productive Staff Hours Per Adjusted Patient Day	4.8	3.9	22.8%	3.5	5.2	2.8	88.1%	2.8
Overtime/Premium % of Productive	5.92%	5.77%	2.6%	5.77%	6.53%	6.96%	-6.2%	6.96%
Days Cash on Hand	102	116	-12.0%	119	108	116	-6.9%	119
Board Designated Days Cash on Hand	119	135	-12.0%	154	126	135	-6.9%	154
Days in Net Receivables	45.6	46	0.0%	56	45.6	46	0.0%	56
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					58.4%	33.7%	73.4%	63.3%
Total debt-to-capitalization (without PERS)					15.1%	33.7%	-55.1%	16.5%
Current Ratio					7.99	2.00	299.5%	8.51
Debt-to-Cash Flow (with PERS)					8.73	2.7	223.4%	6.46
Debt-to-Cash Flow (without PERS)					2.26	2.7	-16.2%	1.69
Aged A/R 90 days & greater					43.8%	19.8%	121.2%	50.5%
Bad Debt Write off					0.5%	0.8%	-37.5%	0.5%
Cash Collections					102.4%	99.4%	3.0%	88.0%
Charity Care Write off					0.7%	1.4%	-50.0%	0.9%
Cost of Collections (Hospital only)					4.4%	2.8%	57.1%	4.6%
Discharged not Final Billed (DNFB)					9.5%	4.7%	102.1%	10.2%
Unbilled & Claims on Hold (DNSP)					9.5%	5.1%	86.3%	10.2%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.04%
POS Cash Collection					1.4%	21.3%	-93.4%	2.0%



BARTLETT REGIONAL HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF DECEMBER 2020

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
\$3,443,060	\$4,713,628	-\$1,270,568	-27.0%	\$3,944,495	1. Inpatient Revenue	\$22,628,864	\$29,329,224	-\$6,700,360	-22.8%	\$28,005,277	-19.2%
\$851,942	\$1,001,455	-\$149,513	-14.9%	\$849,649	2. Inpatient Ancillary Revenue	\$5,796,602	\$6,231,311	-\$434,709	-7.0%	\$5,949,989	-2.6%
\$4,295,002	\$5,715,083	-\$1,420,081	-24.8%	\$4,794,144	3. Total Inpatient Revenue	\$28,425,466	\$35,560,535	-\$7,135,069	-20.1%	\$33,955,266	-16.3%
\$9,726,715	\$9,246,693	\$480,022	5.2%	\$8,971,792	4. Outpatient Revenue	\$58,870,152	\$57,535,001	\$1,335,151	2.3%	\$54,937,835	7.2%
\$14,021,717	\$14,961,776	-\$940,059	-6.3%	\$13,765,936	5. Total Patient Revenue - Hospital	\$87,295,618	\$93,095,536	-\$5,799,918	-6.2%	\$88,893,101	-1.8%
\$272,658	\$316,608	-\$43,950	-13.9%	\$344,868	6. RRC Patient Revenue	\$503,731	\$1,970,005	-\$1,466,274	-74.4%	\$1,881,076	-73.2%
\$299,408	\$269,091	\$30,317	11.3%	\$299,178	7. BHOPS Patient Revenue	\$1,424,248	\$1,674,357	-\$250,109	-14.9%	\$1,598,759	-10.9%
\$1,040,456	\$1,006,356	\$34,100	3.4%	\$942,635	8. Physician Revenue	\$6,093,185	\$6,261,772	-\$168,588	-2.7%	\$5,979,123	1.9%
\$15,634,239	\$16,553,831	-\$919,592	-5.6%	\$15,352,617	9. Total Gross Patient Revenue	\$95,316,782	\$103,001,670	-\$7,684,889	-7.5%	\$98,352,059	-3.1%
					Deductions from Revenue:						
\$2,960,565	\$3,175,748	\$215,183	6.8%	\$2,799,262	10. Inpatient Contractual Allowance	\$16,385,151	\$19,760,216	\$3,375,065	17.1%	\$17,521,486	-6.5%
\$0	\$0	\$0			10a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$3,311,825	\$3,300,693	-\$11,132	-0.3%	\$3,435,232	11. Outpatient Contractual Allowance	\$21,680,955	\$20,537,639	-\$1,143,316	-5.6%	\$19,221,980	12.8%
\$663,498	\$636,456	-\$27,042	-4.2%	\$580,418	12. Physician Service Contractual Allowance	\$3,810,722	\$3,960,171	-\$149,449	-3.8%	\$3,641,362	4.7%
\$12,378	\$14,640	\$2,262	15.5%	\$12,677	13. Other Deductions	\$78,038	\$91,091	\$13,053	14.3%	\$83,758	0.0%
\$103,391	\$68,800	-\$34,591	-50.3%	\$134,064	14. Charity Care	\$722,605	\$428,087	-\$294,518	-68.8%	\$408,764	76.8%
\$246,743	\$253,949	\$7,206	2.8%	\$253,949	15. Bad Debt Expense	\$462,605	\$2,337,771	\$1,875,166	80.2%	\$2,232,247	-79.3%
\$7,298,400	\$7,572,050	\$273,650	3.6%	\$6,907,269	16. Total Deductions from Revenue	\$43,140,076	\$47,114,975	\$3,974,899	8.4%	\$42,801,264	0.8%
44.4%	43.0%			44.4%	% Contractual Allowances / Total Gross Patient Revenue	43.9%	43.0%			40.7%	
2.2%	2.7%			2.5%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.2%	2.7%			2.7%	
46.7%	45.7%			45.0%	% Total Deductions / Total Gross Patient Revenue	45.3%	45.7%			43.5%	
\$8,335,839	\$8,981,781	-\$645,942	-7.2%	\$8,445,348	17. Net Patient Revenue	\$52,176,706	\$55,886,695	-\$3,709,990	-6.6%	\$55,550,795	-6.1%
\$2,934,618	\$527,164	\$2,407,454	456.7%	\$325,007	18. Other Operating Revenue	\$9,971,872	\$3,280,134	\$6,691,738	204.0%	\$2,506,730	297.8%
\$11,270,457	\$9,508,945	\$1,761,512	18.5%	\$8,770,355	19. Total Operating Revenue	\$62,148,578	\$59,166,829	\$2,981,748	5.0%	\$58,057,525	7.0%
					Expenses:						
\$4,346,429	\$3,947,424	-\$399,005	-10.1%	\$3,719,559	20. Salaries & Wages	\$25,162,958	\$23,429,896	-\$1,733,062	-7.4%	\$22,803,926	10.3%
\$327,409	\$369,339	\$41,930	11.4%	\$303,879	21. Physician Wages	\$1,773,806	\$2,192,208	\$418,402	19.1%	\$1,918,753	-7.6%
\$138,160	\$128,755	-\$9,405	-7.3%	\$165,358	22. Contract Labor	\$987,116	\$764,219	-\$222,897	-29.2%	\$1,116,085	-11.6%
\$2,240,566	\$2,203,011	-\$37,555	-1.7%	\$2,137,268	23. Employee Benefits	\$13,559,679	\$13,075,943	-\$483,736	-3.7%	\$12,085,969	12.2%
\$7,052,564	\$6,648,529	-\$404,035	-6.1%	\$6,326,064	% Salaries and Benefits / Total Operating Revenue	\$41,483,559	\$39,462,266	-\$2,021,293	-5.1%	\$37,924,733	9.4%
62.6%	69.9%			72.1%		66.7%	66.7%			65.3%	
\$73,531	\$81,316	\$7,785	9.6%	\$121,634	24. Medical Professional Fees	\$614,814	\$482,640	-\$132,174	-27.4%	\$501,956	22.5%
\$293,873	\$170,112	-\$123,761	-72.8%	\$223,726	25. Physician Contracts	\$1,529,816	\$1,009,686	-\$520,130	-51.5%	\$1,399,201	9.3%
\$254,474	\$174,321	-\$80,153	-46.0%	\$200,006	26. Non-Medical Professional Fees	\$1,222,715	\$1,034,689	-\$188,026	-18.2%	\$954,309	28.1%
\$1,926,373	\$1,219,338	-\$707,035	-58.0%	\$1,128,582	27. Materials & Supplies	\$8,934,897	\$7,237,413	-\$1,697,484	-23.5%	\$6,781,389	31.8%
\$122,992	\$143,380	\$20,388	14.2%	\$146,908	28. Utilities	\$659,446	\$851,056	\$191,610	22.5%	\$767,583	-14.1%
\$432,628	\$432,224	-\$404	-0.1%	\$407,585	29. Maintenance & Repairs	\$2,574,394	\$2,565,472	-\$8,922	-0.3%	\$2,234,249	15.2%
\$49,555	\$52,297	\$2,743	5.2%	\$40,089	30. Rentals & Leases	\$301,100	\$310,417	\$9,318	3.0%	\$300,355	0.2%
\$65,584	\$53,793	-\$11,791	-21.9%	\$39,858	31. Insurance	\$297,284	\$319,285	\$22,002	6.9%	\$270,732	9.8%
\$583,834	\$677,441	\$93,607	13.8%	\$588,935	32. Depreciation & Amortization	\$3,933,310	\$3,627,398	-\$305,912	-8.4%	\$3,488,390	12.8%
\$50,909	\$51,246	\$337	0.7%	\$52,453	33. Interest Expense	\$305,668	\$304,165	-\$1,503	-0.5%	\$314,716	-2.9%
\$102,814	\$145,689	\$42,875	29.4%	\$74,024	34. Other Operating Expenses	\$537,444	\$864,818	\$327,374	37.9%	\$709,449	-24.2%
\$11,009,131	\$9,849,686	-\$1,159,444	-11.8%	\$9,349,864	35. Total Expenses	\$62,394,447	\$58,069,305	-\$4,325,140	-7.4%	\$55,647,062	-12.1%
\$261,326	-\$340,741	\$602,067	-176.7%	-\$579,509	36. Income (Loss) from Operations	-\$245,869	\$1,097,524	-\$1,343,393	-122.4%	\$2,410,463	-110.2%
					Non-Operating Revenue						
\$101,310	\$104,050	-\$2,741	-2.6%	\$102,593	37. Interest Income	\$614,172	\$617,585	-\$3,414	-0.6%	\$610,392	0.6%
\$73,568	\$100,476	-\$26,908	-26.8%	\$111,348	38. Other Non-Operating Income	\$453,688	\$596,362	-\$142,674	-23.9%	\$836,504	-45.8%
\$174,878	\$204,526	-\$29,649	-14.5%	\$213,941	39. Total Non-Operating Revenue	\$1,067,860	\$1,213,947	-\$146,087	-12.0%	\$1,446,896	-26.2%
\$436,204	-\$136,215	\$572,419	420.2%	-\$365,568	40. Net Income (Loss)	\$821,991	\$2,311,471	-\$1,489,480	64.4%	\$3,857,359	78.7%
2.32%	-3.58%			-6.61%	Income from Operations Margin	-0.40%	1.85%			4.15%	
3.87%	-1.43%			-4.17%	Net Income	1.32%	3.91%			6.64%	

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
December 31, 2020

	<u>December-20</u>	<u>November-20</u>	<u>December-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	34,239,541	36,007,775	33,759,459	480,082
2. Board designated cash	35,824,845	35,719,904	38,876,149	(3,051,305)
3. Patient accounts receivable, net	13,030,156	14,135,598	16,728,824	(3,698,669)
4. Other receivables	(252,703)	(876,477)	2,290,218	(2,542,920)
5. Inventories	3,341,683	3,825,453	3,225,457	116,226
6. Prepaid Expenses	2,828,828	2,553,548	878,858	1,949,970
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	89,041,227	91,394,678	95,787,842	(6,746,616)
Appropriated Cash:				
9. CIP Appropriated Funding	4,163,554	4,163,554	4,678,117	(514,563)
Property, plant & equipment				
10. Land, bldgs & equipment	146,403,489	145,924,595	149,368,673	(2,965,184)
11. Construction in progress	7,105,584	6,881,459	2,523,423	4,582,161
12. Total property & equipment	153,509,073	152,806,054	151,892,096	1,616,977
13. Less: accumulated depreciation	(97,974,462)	(97,390,628)	(99,962,995)	1,988,533
14. Net property and equipment	55,534,611	55,415,428	51,929,102	3,605,509
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	161,143,073	163,377,341	166,810,061	(5,666,988)
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	671,459	2,335,104	2,173,149	(1,501,691)
18. Accrued employee benefits	4,772,028	4,844,802	3,739,912	1,032,115
19. Accounts payable and accrued expenses	3,131,977	1,962,013	3,729,333	(597,356)
20. Due to 3rd party payors	4,250,857	4,250,857	2,255,085	1,995,772
21. Deferred revenue	(3,009,812)	(1,144,552)	(2,257,437)	(752,375)
22. Interest payable	329,797	263,838	340,359	(10,562)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	127,203	416,869	396,788	(269,585)
25. Total current liabilities	11,143,509	13,798,931	11,222,189	(78,682)
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,137,329	1,152,380	1,317,223	(179,894)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	87,670,098	87,685,149	98,220,427	(10,550,329)
31. Total liabilities	98,813,607	101,484,080	109,442,616	(10,629,011)
32. Fund Balance	62,329,465	61,893,262	57,367,443	4,962,022
33. Total liabilities and fund balance	161,143,073	163,377,341	166,810,061	(5,666,988)

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Minutes CEO RECRUITMENT COMMITTEE MEETING January 27, 2021 – 2:00 p.m. Zoom Videoconference

Called to order at 2:03 p.m., by Kenny Solomon-Gross

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, and Hal Geiger

**Also Present:** Michelle Hale, Dallas Hargrave and Anita Moffitt

**APPROVAL OF AGENDA — *MOTION* by Ms. Hagevig to approve the agenda as presented. Dr. Urata seconded. Agenda approved.**

**PUBLIC PARTICIPATION – None**

**APPROVAL OF MINUTES - *MOTION* by Ms. Hagevig to approve the January 20, 2021 minutes as presented. Dr. Urata seconded. Minutes approved.**

**EXECUTIVE SESSION – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded.** The committee entered executive session at 2:04p.m.and returned to regular session at 3:11 p.m.

**REVIEW TIMEFRAME –** Mr. Hargrave provided an overview of the timeframe. He noted that initial interviews should be completed by Saturday, February 6<sup>th</sup> and choosing the finalist is a sub-committee function. Discussion was held about when the committee can meet to make the final selections. Planning for in-person interviews/activities with finalists will take place in February. In-person interviews will take place in early March. The twelve candidates identified for initial interviews will be narrowed down to 3-5 candidates for consideration of in person interviews.

**NEXT MEETING – TBD**

**COMMENTS –** Mr. Solomon-Gross thanked everyone for their time.

**Adjourned: 3:20 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Minutes

### CEO RECRUITMENT COMMITTEE MEETING

January 30, 2021 – 8:00 a.m.

Zoom Videoconference

**Called to order at 8:00 a.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, Iola Young, Brenda Knapp and Hal Geiger

**Also Present:** Dallas Hargrave

**PUBLIC PARTICIPATION** – None

**EXECUTIVE SESSION – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded.** The committee entered executive session at 8:04 a.m. and returned to regular session at 12:23 p.m. No action taken.

**NEXT MEETING – 3:00 p.m. Tuesday, February 2**

**COMMENTS** – None

**Adjourned: 12:24 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Minutes

### CEO RECRUITMENT COMMITTEE MEETING

February 2, 2021 – 3:00 p.m.

Zoom Videoconference

**Called to order at 3:00 p.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, Iola Young and Hal Geiger. Brenda Knapp joined later during the executive session.

**Also Present:** Dallas Hargrave

**PUBLIC PARTICIPATION** – None

**EXECUTIVE SESSION – *MOTION* by Mr. Johnson to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Dr. Urata seconded.** The committee entered executive session at 3:02 p.m. and returned to regular session at 7:21 p.m. No action taken.

**NEXT MEETING – 3:00 p.m. Thursday, February 4**

**COMMENTS** – None

**Adjourned: 7:22 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Minutes

### CEO RECRUITMENT COMMITTEE MEETING

February 4, 2021 – 3:00 p.m.

Zoom Videoconference

Called to order at 3:00 p.m., by Kenny Solomon-Gross

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, Iola Young and Hal Geiger

**Also Present:** Dallas Hargrave

**PUBLIC PARTICIPATION** – None

**EXECUTIVE SESSION** – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded. The committee entered executive session at 3:03 p.m. and returned to regular session at 7:35 p.m.

**NEXT MEETING** – 8:00 a.m. Saturday, February 6

**COMMENTS** – None

**Adjourned:** 7:36 p.m.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Minutes

### CEO RECRUITMENT COMMITTEE MEETING

February 6, 2021 – 8:00 a.m.

Zoom Videoconference

**Called to order at 8:00 a.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, Brenda Knapp, Iola Young and Hal Geiger

**Also Present:** Dallas Hargrave

**PUBLIC PARTICIPATION – None**

**EXECUTIVE SESSION – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded.** The committee entered executive session at 8:05 a.m. and returned to regular session at 12:27 p.m.

***MOTION* by Ms. Cosgrove to continue the executive session discussion on February 7 at 8:00 a.m. Ms. Hagevig seconded.** Dallas Hargrave will work with the CBJ Department of Law and the Clerk's office to put out the proper notice for the continuation of the meeting.

**NEXT MEETING – 8:00 a.m. Sunday, February 7**

**COMMENTS – None**

**Adjourned: 12:30 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Minutes

### CEO RECRUITMENT COMMITTEE MEETING

February 7, 2021 – 8:00 a.m.

Zoom Videoconference

**Called to order at 8:00 a.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, and Hal Geiger

**Also Present:** Dallas Hargrave

**PUBLIC PARTICIPATION** – None

**EXECUTIVE SESSION – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded.** The committee entered executive session at 8:03 a.m. and returned to regular session at 9:16 a.m. No action taken.

**NEXT MEETING – To be determined. Mr. Hargrave will send a doodle poll to the Committee and then work with Mr. Solomon-Gross to schedule the next meeting.**

**COMMENTS** – None

**Adjourned: 9:17 a.m.**



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

**Minutes**  
**CEO RECRUITMENT COMMITTEE MEETING**  
**February 12, 2021 – 4:00 p.m.**  
**Zoom Videoconference**

**Called to order at 4:00 p.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, Iola Young, and Hal Geiger

**Also Present:** Michelle Hale and Dallas Hargrave

**PUBLIC PARTICIPATION – None**

**EXECUTIVE SESSION – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person. Mr. Johnson seconded.** The committee entered executive session at 4:02 p.m. and returned to regular session at 4:58 p.m. No action taken. The committee gave direction to Mr. Hargrave regarding next steps with candidates. Note: Ms. Peterson had to leave meeting during executive session for pre-approved absence.

**APPROVE MINUTES – *MOTION* by Ms. Hagevig to approve the draft minutes of the January 30, 2021, February 2, 2021, February 4, 2021, February 6, 2021 and February 7, 2021 CEO Recruitment Committee meetings. Dr. Urata seconded. Minutes approved with no objections.**

**NEXT MEETING – None scheduled**

**COMMENTS – Ms. Hagevig thanked Mr. Solomon-Gross and Mr. Hargrave for facilitating a good recruitment process.**

**Adjourned: 5:03 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

**Minutes**  
**CEO RECRUITMENT COMMITTEE MEETING**  
**February 20, 2021 – 8:00 a.m.**  
**Zoom Videoconference**

**Called to order at 8:00 a.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Lisa Petersen, Iola Young, Deborah Johnston and Hal Geiger

**Also Present:** Dallas Hargrave

**PUBLIC PARTICIPATION – None**

**APPROVE MINUTES – *No action taken.***

**EXECUTIVE SESSION – *MOTION* by Mr. Johnson to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person. Ms. Hagevig seconded.** The committee entered executive session at 8:01 a.m. and returned to regular session at 10:00 a.m. No action taken.

**NEXT MEETING – None scheduled**

**COMMENTS – No comments.**

**Adjourned: 10:01 a.m.**

# Bartlett Regional Hospital

## PHYSICIAN RECRUITMENT COMMITTEE

February 9, 2021 5:00 pm Minutes

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### Mission Statement

**Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.**

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**Members Present:** Mark Johnson, Chair, Steve Strickler, DO, Lindy Jones, MD, John Raster, MD, Iola Young, Catherine Peimann, MD, Kevin Benson, CEO-Interim, Kathy Callahan, Dir. Physician Services

**Guests:** Joanne Gartenberg, MD, Joy Neyhart, DO, Keegan Jackson, MD, Amy Dressel, MD, Dorothy Hernandez, MD, Bradley Grigg, CBHO, Michael Saltzman, MD, Kenny Solomon-Gross, Anita Moffitt

I. **Called to Order 5:03 pm via Zoom**

II. **Public Participation Invitation- None**

III. Mark Johnson called the meeting to order. Mr. Johnson asked Members to review the minutes from the September 15, 2020 meeting. A **MOTION** to approve was made by Steven Strickler, DO and seconded by Lindy Jones, MD and approved.

IV. **Pediatrician in Behavioral Health Program** - A description of the proposed position role in the behavioral program was presented by Dr. Joanne Gartenberg and Bradley Grigg. The proposed position is intended to assist with stabilizing the patient with complex behavioral and medical/developmental concerns and returning them to their Primary pediatric provider. This was followed by a lengthy discussion with the pediatric providers representing local clinics Glacier Pediatrics, Valley Medical Care, Rainforest Pediatrics and SEARHC. Joy Neyhart, DO expressed support for the position. Amy Dressel, MD, Dorothy Hernandez, MD and Keegan Jackson, MD expressed concern for the hospital entering into the primary care realm and felt that the patient is best served in their primary care home. Iola Young asked for numbers of patients and proposed number of hours per week the provider would be working.

V. **Updates:**

- a. **General Surgery:** Kathy provided a report that BRH will be hosting two site visits in the next month and hope that one will be a good fit for the open position

- b. **Medical Oncology:** Kathy reported that there is not any activity in the medical oncologist search.
- c. **Urology:** Dr. Saltzman attended the meeting to share with the committee that he is back in Juneau and serving the urologic patients after a long absence related to COVID. He feels that the practice is realistically a half time practice based on low volumes. He is not essential service so solving the on call needs continues to be a struggle. He stated that he does not intend to be in Juneau full time but when pressed by members he felt that he would commit to 2 weeks per month.

***MOTION by Dr. Jones to move into executive session for committee deliberation to include committee members, Kathy Callahan, Anita Moffitt, Kenny Solomon-Gross, Bradley Grigg, Kevin Benson. Dr. Raster seconded.*** Committee entered executive session at 5:58pm and returned to regular session at 6:33 pm. No action taken.

Request for another meeting to be held in a month with a job description for the BH Pediatrician available for review.

Meeting adjourned at 6:35 pm

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

Planning Committee Meeting Minutes  
February 12, 2021 – 12:00 p.m.  
Bartlett Regional Hospital Boardroom / Zoom Videoconference

**Called to order at 12:02 p.m., by Planning Committee Chair, Lance Stevens.**

**Planning Committee\* and Board Members:** \*Lance Stevens, \*Iola Young, \*Hal Geiger, Kenny Solomon-Gross, Rosemary Hagevig, and Mark Johnson.

**Also Present:** Kevin Benson, Billy Gardner, Bradley Grigg, Rose Lawhorne, Marc Walker, Gail Moorehead, Anita Moffitt, Nathan Coffee and Jeanne Rynne

**PUBLIC PARTICIPATION** – None

**APPROVAL OF THE MINUTES** – *Ms. Young made a MOTION to approve the minutes from December 17, 2020 Planning Committee meeting. Mr. Geiger seconded. Minutes approved.*

**COVID STATUS** – Ms. Moorehead provide a COVID status update while participating in today's community vaccination clinic at Centennial Hall where it is anticipated that 540 vaccinations will be administered. As of today, about 13% of Juneau's population has received both doses of the vaccination. The State of Alaska has received an allocation of 119,000 doses and hopes to receive more. Almost 80% of staff at BRH has received COVID vaccinations. We currently have one COVID positive patient in house. Of the 285 people tested through our Emergency Department in February, only one person tested positive. Ms. Young expressed appreciation for the efforts put in to provide these clinics to the community. Ms. Moorehead reported that these clinics are manned almost 100% by volunteers and thanked Ms. Young for volunteering in this community project as well. Mr. Geiger initiated a conversation about tier one (over 65) eligible vaccine recipients. CCFR is to begin doing vaccinations for the homebound population unable to leave their homes due to transportation or are immune compromised. Hesitancy to get the vaccine is not a big problem in Juneau, availability of the vaccine to meet the demand is as allocation is much less than what is ordered.

Ms. Lawhorne reported that issues in maintaining adequate air exchange and temperatures in the temporary triage facility have been resolved. The facility is currently being monitored to make sure temperatures are maintained before it opens up for patients. She also reported that part of the hesitancy of being vaccinated is due to its expedited development. This MRNA technique is not new. It has been in research for quite some time to treat cancer but not in use for vaccination development. Ms. Young asked what the impact would be if the State Emergency order is not continued. Ms. Lawhorne provided a summary of the impacts as the emergency order removes restrictions that could potentially negatively impact patient care for surge environments, allows for temporary changes to the facility in the patient care environment (temporary walls, ventilation systems, etc.). We would not be able to apply for funding that is distributed under this emergency declaration if we didn't have that access within the state. Mr. Solomon-Gross thanked Ms. Lawhorne for her report and noted that the Assembly passed an ordinance to extend Juneau's emergency orders. Ms. Hagevig reported that the Senate and the House are trying to get a

deal together and get it to the Governor before the February 15<sup>th</sup> deadline. If they don't beat the deadline, some of the provisions will be retroactive if adopted by the legislature and approved by the Governor.

**ACQUISITION OF BSSC BUILDING** – Mr. Benson reported that there is not much new to report. The offer of \$2 Million was rejected. The owner is pretty firm at \$2.5 Million. The engineer's report revealed no serious issues with the building. The roof is nearing its end of life and will need to be replaced in the next 2-3 years. CBJ engineers provided a rough estimate of \$470,000 to replace it. This information is to be discussed at the Finance Committee on February 19<sup>th</sup>. Mr. Stevens expressed concerns about the \$500,000 increase in price. Adding on contingencies and cost of replacing the roof is another \$500,000 and doesn't include water intrusions that will need to be addressed. Hopefully this will be a negotiating point. Ms. Hagevig noted remodeling costs would also need to be considered.

**CURRENT PROJECTS STATUS** - Mr. Gardner reported the following:

- Temporary triage facility - substantial work has been completed. We will continue to monitor the heat situation.
- COVID-19 testing room – testing of interface should be done this week. After completion, interface will go back to Meditech to load into “Live”. After it's loaded, it will need to be tested and validation conducted in the live environment. Roche representatives will be on campus next week to review everything we have in place to make sure we are ready to go. We anticipate a go live date of February 23<sup>rd</sup>. The first shipment of reagents is due to arrive today. Memorandum of agreements with outside entities, including Beacon, will be put in place. We will have enough reagents each week to run 960 tests, including the required two times daily validation tests. The supply of reagents may possibly increase in March. Discussion held about testing costs. Testing may be billed to patient insurance or directly to organizations wishing to do bulk testing.
- Ventilation improvements to Surgery – The bids have been received and contractor given notice to proceed. The estimated substantial completion date is April 13<sup>th</sup>. Planned OR downtime is three days. Weekly meetings will be held with the contractor and efforts coordinated to have the least impact on operations.
- CSR sink and equipment – We are waiting for final design from PDC engineers. Estimated delivery of final design documents is today.
- ED waiting security screen – The work that began on December 17<sup>th</sup> had been completed but necessary changes have been identified. Cost estimates for changes and adding an additional doorway are being obtained.
- Ventilation upgrade emergency department – an assessment has been conducted to determine if the exhaust fans in that area could handle an additional load. The system was determined to be at capacity and would require an upgrade.
- ASU-1 heating oil conversion to glycol – This project is out to bid. There is a pre-bid walkthrough scheduled to take place on February 16<sup>th</sup>. Bids open up on March 3<sup>rd</sup>. The estimated completion date of this 3 week project is April 30<sup>th</sup>.
- BOPS replacement building – Bid ready documents are near completion. Advertisement of the project is scheduled for February 22<sup>nd</sup> and bids open March 23<sup>rd</sup>. We are still pushing for a July or August 2022 substantial completion. Despite some of the delays we've had, we are currently on target for our timeline for this project but coordination of sidewalk replacement and this project will require some adjustments.
- Rainforest Recover Center exterior upgrades – The siding and window replacements documents have been received and are being reviewed.
- Phase 1 sidewalk replacement - Southwest asphalt replacement is the back parking lot near the loading dock. The planning and design of this is being done in conjunction with the fuel oil tank

supply line upgrades. DOWL is doing this for us as part of the replacement of the sidewalks project.

- Underground fuel oil tank supply line upgrade – CBJ engineering is currently working on this. Estimates are \$120,000 for construction and \$25,000 for professional service fees. This is estimated to go out to bid in mid-March. Construction is to take two months and begin early summer 2021.
- New south site access – this is currently being worked on by CBJ engineering and DOWL.
- ED temporary ventilation upgrade (trauma room & 1-2 exam rooms) – the engineer has done the research on the existing system, calculations and preliminary equipment selection. Site inspection has been completed for possible routes for duct work. He is now working on producing the conceptual design.

**PROJECTS LIST PRIORITIZATION REVIEW** – Mr. Gardner made a proposal to the committee to combine future projects identified as C1, C2 and C3 on the projects list into one project. This decision was made after consultations with CBJ engineering, architects, our facility plan and contractors. This will require funding for design and development and we are asking for \$425,000 to get us through this phase.

**MOTION by Ms. Young to combine these projects and request \$425,000 through the Finance Committee to fund the design and concept. Mr. Geiger seconded. There being no objection, MOTION approved.**

**GANTT CHART REVIEW** – The Gantt chart is a fluid document requiring adjustments as projects change. Cory Wall will make the adjustments.

Mr. Gardner proposed the addition of the following 4 items to the projects priority list:

1. Physician sleep/call room – Work is being done by Nathan Coffee to design it. The estimated cost of the project will be greater than \$50,000 but less than \$250,000 and would require it to go out to bid. For the work/life balance for our physicians, Mr. Stevens agrees it should be a priority.
2. Stress test room renovation – this space is too small to accommodate the multiple health care professionals in the room with the patient undergoing treadmill stress testing and meet social distancing requirements. Patients are unable to wear masks while under stress and are currently required to have pre-procedural COVID testing prior to having stress test and staff is required to wear PPE while conducting test. Stress tests are conducted several times a week.
3. Power supply conditioner – PDC has been hired to design plans for a power supply conditioner. Recent events have shown this to be a priority item.
4. Fire doors replacement – Fire doors are inspected annually and repairs are made as needed. There were 22 doors that failed inspection this year (normally 1 or 2) and are no longer able to be repaired. The high rate of failure this year is due to a combination of the age of the doors and a different person conducting the inspection. So as to have only one door project, a request was made to include repairs to doors that are part of our facility lockdown process and a power operator for the OB door. Mr. Walker stated that CMS requires an action plan to be in place for replacement of defective life safety components within our facility. Mr. Stevens stated that not only does this need to make the list, it's an immediate action item. Since these doors were installed in the late 60s, they've served their purpose well.

**MOTION by Mr. Geiger to add the four projects identified to the priority list and Gantt chart. Ms. Young seconded. There being no objection, MOTION approved.**

Mr. Stevens noted we will expect to see some actionable numbers that we need to move to finance on a couple of these projects fairly quickly.

**Future Agenda Items:** Review existing and planned community health initiatives. This has been brought up by our CBJ liaison, was in the interviews for BRH Board candidates and has been on the Assembly's priority list. Mr. Gardner is to coordinate inviting the appropriate people to provide feedback as to what it means and how it pertains to long term expectations. Ms. Hagevig noted the work at Centennial Hall is a great example of this. In response to Mr. Geiger's question about how the committee would produce a plan, Mr. Stevens stated that we need to have a listening session with our assembly representatives, CBJ liaison and the City Manager to share what the expectations are and what the intent was when they put it on their priority list. Until we know that, we won't know what our next steps are. We will plan to have this meeting in the next month or two.

**Next meeting:** 12:00pm, Friday - March 19<sup>th</sup>

**Comments:** Future Planning Committee meetings will be held at noon on the third Friday of each month unless a conflict comes up. If the Finance meeting does move to March 19<sup>th</sup>, we will meet on March 12<sup>th</sup>.

**Adjourned** – 1:11 p.m.



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Board Compliance & Audit Committee Meeting

### Draft Minutes

February 17, 2021

Called to order at 7:07 AM., by Board Compliance Committee Chair, Iola Young

#### Compliance Committee and Board Members:

**Board Members:** Iola Young\*, Committee Chair; Hal Geiger\*; Deborah Johnston\*(absent)

**Staff/Other:** Nathan Overson, Compliance Officer; Kevin Benson, CFO and interim CEO; Rose Lawhorne, CNO; Dallas Hargrave, HR Director

**Previous Board Compliance Meeting Minutes Approval:** *Mr. Geiger made a MOTION to approve the October 7<sup>th</sup> 2020 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Young seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

#### Committee Compliance Training:

Mr. Overson spoke about the government's expectation that the Governing Board "shall be knowledgeable about the content and operation of the compliance and ethics program and shall exercise reasonable oversight of it." Besides regular meetings with the Compliance Officer, an independent third party-led Compliance Program Evaluation and Risk Assessment is a best practice that organizations should undertake every 2-3 years. An evaluation acts as a verification/validation and also has legal precedence as evidence of "reasonable oversight." Ms. Young suggested the Hospital Compliance Committee Meeting minutes should be part of this committee's meeting packet as another way to maintain oversight.

#### Compliance Program Evaluation – 3<sup>rd</sup> Party Review Contract Update:

Mr. Overson gave an update on the RFP for an outside Compliance Program Evaluation. The contract has been executed and the program evaluation by PYA, PC is underway. Ms. Young asked about the timeline which has deliverables scheduled for approximately 12 weeks. There was also committee discussion regarding scheduling the next Compliance and Audit Committee Meeting around the time the evaluation report would come out; presumably end of April-beginning of May.

#### Compliance Officer Report:

In the Compliance Officer's report Mr. Overson talked through the Compliance Log Dashboard. Compliance incidents from CY 2019, CY 2020 were discussed. Mr. Overson highlighted some of the changes made to the Compliance Log Dashboard for clarity purposes. It was noted that "Compliance Consults" increased from 2019 to 2020 in conjunction with a reduction to minor incidents. No major incidents were reported. Ms. Young asked about the definitions of the risk categories and suggested that the categories be the topic of the next few education agenda items. The Hospital Compliance Work Plan was discussed and Mr. Geiger asked for some additional resources to better understand the elements of the work plan.

**Executive session:** This meeting did not go into executive session.

**Meeting Adjourned:** 8:05 am

**Next Meeting:** Tentatively scheduled for April TBD

# Bartlett Regional Hospital

## Governance Committee Meeting

### Minutes

Thursday, February 18, 2021; 12:00 p.m.

Bartlett Regional Hospital - Zoom Videoconference

**Called to order at 12:00 p.m. by Brenda Knapp, Committee Chair**

#### **Attendance:**

Committee Members: Brenda Knapp and Hal Geiger

Board Members: Kenny Solomon-Gross

BRH Staff: Kevin Benson, CFO, Dr. Keegan Jackson, Chief of Staff and Suzette Nelson, Executive Assistant

**APPROVAL OF THE AGENDA –*MOTION by Mr. Geiger to approve the agenda as presented. Mr. Solomon-Gross seconded. Agenda approved as presented.***

***Mr. Geiger made a MOTION to approve the minutes from October 18, 2020.***

***Mr. Solomon - Gross seconded and they were approved with no objections.***

Ms. Knapp reviewed the three major roles of the Governance Committee in the Board Bylaws. She specified that we are required to take a look at both Board Policy Manual and Bylaws each year and recommend any updates. Since these documents were reviewed recently, it was agreed that we would evaluate them after a new CEO is appointed and has had a chance to look at them, possibly beginning in June or July.

Ms. Knapp also suggested that the Governance Committee should play a role in reviewing recommendations for affiliation options as they are developed and make recommendations to the full board. President Solomon-Gross pointed out that the board would act as a committee of the whole to work on affiliation options but there was agreement that break out work would undoubtedly need to be assigned to the Governance, Finance and Planning Committees.

The committee discussed the role of a Chief Medical Officer as it would relate to the duties of the hospital's Chief of Staff. Dr. Keegan Jackson expressed her medical perspective and experience regarding the pros and cons of this position. Since the board had already agreed to delay any decisions on adding a new position until the incoming CEO is on board, the discussion was tabled.

**Adjourned at 12:52 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Finance Committee Meeting Minutes Zoom Meeting – February 19, 2021

**Called to order at 12:01 p.m. by Deb Johnston.**

**Finance Committee\* & Board Members present:** Deb Johnston\*, Lance Stevens\*, Brenda Knapp\*, Mark Johnson, Kenny Solomon-Gross, Rosemary Hagevig, Hal Geiger, and Michelle Hale.

**Staff & Others:** Kevin Benson, CFO, Billy Gardner, COO, Dallas Hargrave, HR Director, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Blessy Robert, Director of Accounting, Willy Dodd, Megan Rinkenberger, and Rashah McChesney.

**Public Comment:** None

*Mr. Stevens made a MOTION to approve the minutes from the January 8, 2021 Finance Committee Meeting. Ms. Knapp seconded, and they were approved.*

### **December 2020 Financial Review – Kevin Benson, CFO**

Recent trends continued, and admissions are under budget. Outpatient volumes continue to be strong. Lab is busy with testing, and is preparing the molecular lab. Clinic visits remain strong, and ED visits have been down since the beginning of Covid-19 in Juneau (March 2020). Hesitancy to present, as well as Telehealth and community behavioral health visits, are two factors contributing to lower patient presentations to the Emergency Department. Despite the lapse in the state emergency declaration, billing for Covid-related charges will continue as if the emergency declaration were continued, per state response to the inquiry. Ms. Knapp requested a breakout of admitting codes to the ED, and Ms. Lawhorne accepted responsibility for this. BRH is down 25% YTD on admissions. Outpatient volumes have exceeded the budget for the month, and compared to last year. RRC revenue is returning. Births have been generally trending down in Juneau over the last three or four years. BRH finished almost \$1M short on revenue, but was able to realize the rest of the CARES Act funding that was received. Supply correction of \$500K was made, and the error was due to a technical issue that is being resolved.

### **Purchase of Clinic Building – Kevin Benson, CFO**

The current owners of the building are rejecting the original \$2M offer, and requesting \$2.5M as a purchase price. The engineer's report was clear of significantly costly issues, other than the roof being near the end of its life. Finance staff reached out for an estimate on roof repair, which was upper \$400K, depending on design, insulation, etc. There was a discussion on roofing options. There were other less significant issues noted in the report, but no estimates were noted.

One committee member recommended putting together a plan of costs over the next several years associated with fixing items of concern to present to the current owners as a negotiating point, to include costs related to insufficient parking present on site. The chairwoman noted that the purchasing cost, plus the cost of fixes, should not exceed the appraised value. The purchase would need to be approved by BRH Board of Directors before being presented to the CBJ Assembly.

*Mr. Stevens made a MOTION to pursue purchasing the clinic building, not to exceed \$2.5M, but encouraged negotiation. Ms. Knapp seconded the motion, and the motion is to be moved forward to the board.*

**Fire Door Replacement – Kevin Benson, CFO**

This project can be funded from existing appropriated funds, so no action is needed. The annual fire door inspections revealed fixes to be made. 38 fire doors need replacement, likely due to installation at the same time, and therefore failing at the same time. Project cost is estimated to be \$300K, and the doors will require professional installation. This is a time sensitive issue. Expected duration of the project is three to six months. Other doors need attention as well, and all door-related projects should be completed at once.

**Design Fees – Kevin Benson, CFO**

Ventilation upgrades revealed the need to combine a few projects into one. The BRH Planning Committee recommended approving a portion of the funds to begin the design process to determine a more accurate cost of the project. \$425K is the estimate put forth by CBJ engineering, architects and BRH group, to get us the design phase, to be included in the \$7M combined project.

*Ms. Knapp made a MOTION to move the design fees to the full board for approval. Mr. Stevens seconded and it was approved.*

**Memo to CBJ Assembly – Kevin Benson, CFO**

Departmental managers submitted what was done in their department in response to the Covid-19 pandemic, to include costs, staffing changes, etc. These submissions were compiled into a memo to the assembly as a summary of the many responses implored by BRH. Ms. Hale expressed the Assembly's appreciation to Mr. Benson for compiling this letter and the information it contained. Committee and board members echoed this appreciation.

Regarding the new molecular lab, the plan is to run samples through the machine on the 23<sup>rd</sup> and BRH is hoping to have it fully up and running by the end of the month. \$770K is to be charged to BRH Fund Balance, and the city had already appropriated the funds, so no motion needs to be made.

**Next Meeting:** March 19, 2021 at 12:00pm via Zoom.

**Board Comments:** None

**Adjourned – 1:07 p.m.**

**February 23, 2021  
Management Report  
From Stuebaker Nault and CBJ Law**

**Topics**

- Report on pending contract negotiations and consultations with Senior Leadership Team

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Management Report from Dallas Hargrave, Human Resource Director February 2021

- **Studer Leadership Development Update.** Since the last update to the Board, supervisors and managers have completed the following classes. The courses are online, and there is a monthly virtual meeting to discuss the courses and how they apply at BRH.
  - **Interpreting Financial Reports.** We learned how to:
    - Distinguish between a capital and organizational budget.
    - Articulate key financial concepts.
    - Understand basic components of financial statements.
    - Analyze financial statements to identify performance issues.
  - **Overtime Management.** We learned how to:
    - Articulate what overtime is.
    - Identify three types of overtime.
    - Strategize to manage three types of overtime.
  - **Productivity.** We learned how to:
    - Articulate why productivity management is so important in the changing healthcare industry.
    - Manage orientation, education, PTO, and premium pay in your areas.
    - Effectively use elements of productivity management to perform to labor standards.
    - Use staffing tools and reporting to assist in long-term management of staff and productivity.
  - **Leaders Leading Leaders.** We learned how to:
    - Incorporate the concepts of delegation and problem-solving when working with your leaders.
    - Support development of a novice leader.
    - Provide clear expectations needed by your leaders.
    - Adopt strategies to conduct difficult conversations.
  - **Engaging High Performers.** We learned how to:
    - Identify the characteristics of high-performing employees.
    - Strategize actions that accelerate engagement in your high performers.
    - Describe how to effectively provide feedback to high performers.

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## February 2021 Nursing Report

Rose Lawhorne, CNO

### Nursing Administration

- Nursing Administration and Staff Development have worked with an external agency to offer an in-house certified nurse assistant (CNA) training program! Using the content from the vendor, we have developed a hybrid program that offers in person and virtual learning. Last month, we received approval from the Alaska Board of Nursing for the course plan! We can offer six classes per year, and our first course is scheduled to begin in March. We will be able to accommodate up to 20 participants per class. We are thrilled to offer a professional development path to entry level staff here at Bartlett who have experienced challenges related to admission to a CNA program.
- Central Staffing is developing a SmartSheet software solution for tracking medevac information. This software has allowed us to replace many manual processes in patient care and will streamline medevac tracking as well. We will document, track, and access information in real-time regarding patient flow, primary reason for medevac, vendor, receiving facility, and other valuable data.
- Directors have spent recent weeks working with our colleagues in Finance to prepare and submit operational and capital budgets for all areas. Thanks to Kevin Benson, CFO, and his team for their assistance as we completed budgets.
- Departments are preparing for the Meditech Expanse upgrade in March. “Super users” have been trained by the Clinical Information Technology (IT) team, and are prepared to educate the staff and providers as they become comfortable with the new version of our electronic health record.
- Coordinated by the Quality and Infection Prevention teams, staff continue to support COVID vaccine points of distribution (PODs). The community response has been positive and successful distribution has occurred. Thanks to all who have been involved in this critical effort.

### Obstetrics (OB) Department

- The State of Alaska Department of Health and Social Services (DHSS) and Office of Children’s Services (OCS) awarded BRH \$300,000 in funding for the Plans of Safe Care Coordinator. We will receive \$100,000 annually for three years to provide an OB-focused case management coordinator as a pilot program. The coordinator will offer perinatal support to families with newborns exposed to substances, and will connect families to community resources to support ongoing recovery as they navigate the challenges of new parents. We are interviewing candidates and hope to have the new coordinator in place within a few weeks.
- New Joint Commission regulations require OB providers to receive education on updated postpartum hemorrhage management. New evidence guides identification of stages of blood loss, postpartum hemorrhage management techniques, and use of medications to

respond to these events. Providers are working through a competency course, developed by one of our OB nurses. It includes an informative PowerPoint and quiz to test their knowledge.

- We are also making a transition from measuring postpartum blood loss from estimated blood loss (EBL) to quantitative blood loss (QBL), a more accurate method of evaluating blood loss at birth. Supplies and processes have been modified to incorporate better assessment. Graduated drapes are used. All pads, chux, and other items are weighed after delivery to determine accurate volumes of volumes lost during delivery. This is a new standard of practice for hospitals nation-wide, and we are excited to bring it to Bartlett. Our next steps for this project will include collaborating with the ED staff and physicians to share the new education and research.
- With assistance from Bradley Grigg, CBHO, and his team, we launched our two new support groups, “Pregnancy and Infant Loss” and “Real Talk: Mothers’ Support Group.” They are facilitated by Sara Gress (Perinatal Coordinator) and Teri Forst (Counselor). These two new groups will be offered every month, and we are incredibly grateful to be able to provide this support to our community.
- We have welcomed a senior year nursing student from the University of Alaska to complete an obstetrics practicum. She has been a wonderful addition to our unit and has participated in many deliveries since her arrival.

### **Critical Care Unit (CCU)**

- We have worked diligently with Pharmacy to develop and perfect an automated system of medication dispensing. By scanning the patient’s armband and medication being accessed orders are checked in Meditech to ensure accuracy and prevent errors. Last month, our medication scan rate for CCU was >95%. Congratulations to the nurses on CCU for your persistence and feedback that supported improvement of the process and promoted quality, safe care for patients.
- A new graduate nurse from Juneau has just joined our team! She will receive a formal preceptorship, learning from seasoned nurses, and gaining competence in the delivery of critical care.

### **Emergency Department (ED)**

- In the ED, we offer a well-established stroke evaluation program, in collaboration with Providence Alaska Medical Center (PAMC) and a contracted neurology group in Anchorage. To offer quality care to patients experiencing stroke symptoms, we occasionally upgrade the stroke cart. Via the telehealth platform, the cart contains advanced technology, allowing a neurologist to evaluate patients and make recommendations for care. We recently worked with PAMC to upgrade the stroke cart to continue offering outstanding care, using the latest technology.
- We are working with two local new graduate nurses to complete onboarding processes and begin preceptorships on our unit. We are fortunate to have these nurses, dedicated to our community, joining our care team.
- The new triage building is ready to receive patients! This will require thorough cleaning, moving in furniture, stocking it with patient care supplies, and determining patient and visitor flow through the building. Information will be disseminated to the community, and we will begin using it February 22<sup>nd</sup> for screening.



## **Surgical Services**

- Patient flow through Surgical Services is being monitored so we can identify opportunities for improvement in our system of care delivery for surgical patients. We are tracking data for any surgical cases that enter Phase I recovery after 5:00 p.m. These patients may need to be transferred to an inpatient unit for completion of recovery period, impacting patient flow into those areas. A monthly report is being reviewed to identify volumes and potential need for system changes to mitigate consequential patient flow impact on inpatient areas.
- Pre-procedure COVID-19 testing continues for all of our surgical patients, with assistance from Capital City Fire/Rescue community testing site. For any high-risk patients, the team reviews cases with Infection Control personnel and identifies strategies to ensure that patients and staff are protected.
- A new development in Surgical Services is the Compassion Committee. Participants include the Same Day Care Director, Sarah Holzman, Surgical Services Nurse Educator, Bobbi Jurens, and several nurses. The team has entitled their effort “S.O.S”, “Surgical Operation Support.” They have researched the role of compassion committees in hospitals across the country and have begun developing a mission statement and strategic direction for their work. The committee developed a list of encouraging messages that are being written on whiteboards in patient rooms. They also hosted a Valentine’s Day celebration for the department, decorating the staff lounge and boosting morale. We look forward to watching their work unfold.

## **Medical Surgical Unit**

- The Medical Surgical Unit has established a process improvement (PI) work group. This focused team works with Liz Bishop, Director, to coordinate PI efforts for the department. They gather feedback related to care processes, then research and implement necessary modifications. They also assist Med Surg in navigating organizational changes that impact the team at large. The following projects reflect the work completed by this team and the dedicated staff on Med Surg.
- The PI team collaborated with Information Technology team to add a bedside report intervention to Meditech’s Med Surg standards of care. This prompts comprehensive documentation specific to nursing handoffs, and improves compliance with requirements for bedside reporting.
- Materials Management previously assisted Med Surg in organizing the main supply room. The PI team has recently refined the process for tracking expiration dates, so that the responsibility is shared equitably among staff, and is consistently completed. Ongoing efforts will focus on identifying all chargeable items and storing them together for ease of recognition and improved revenue capture.
- The work group reviewed Meditech downtime events on Med Surg, and identified opportunities for improvement. Enhancements were completed for downtime procedures: the Summit downtime solution software was downloaded on additional computers; downtime binders were updated with new forms, processes, and other relevant instructions; the process for tracking vital signs and other patient data was improved and offered better accessibility to staff and providers; plans were developed for comprehensive pre-downtime review of medication records; and documentation forms were revised.

- A recent power outage damaged equipment and created challenges related to patient monitoring. The team identified preventive management options to ensure seamless care processes, should a similar event occur again. For example, IT staff assisted by moving the charging station for the capnography (carbon dioxide monitoring) machine to a location supported by generator power, so that it will remain charged if the power fails.
- Information regarding the latest evidence-based guidelines for skin assessments was distributed department-wide. Updated strategies are being implemented: two nurses evaluate patients for skin injuries on admission and as needed, determine risk for ongoing breakdown, and collaborate with physicians to implement appropriate measures to promote healing and prevent skin deterioration in hospitalized patients.

### **Infusion Therapy/Oncology**

- We are working with our oncology nurse practitioners to review standards from the American Society of Clinical Oncology, and develop a well-coordinated system of integrated care for patients receiving treatment for cancer.
- We are investigating the incorporation of a patient navigator into the oncology program. Patients navigating the complexities of cancer care greatly benefit from a guide who can walk with them through the process. The navigator could help coordinate specialty appointments, provide education, and even help patients navigate insurance/billing issues.
- We have begun conversations with Bradley Grigg, CBHO, and the behavioral health team to offer support services and therapy to oncology patients. We look forward to the opportunity to address our patients' needs holistically and comprehensively.

# Bartlett Regional Hospital

February 23, 2021 Board Report  
Billy Gardner, Chief Operating Officer

## Diagnostic Imaging Department (Paul Hawkins)

- Power Scribe One upgrade with ModLinK went live in January.
- Ultrasound candidates are being recruited, tight market, no applicants with minimum qualifications in months. Currently have 2 Staff and 3 open positions. New Ads have been placed by HR.
- Reviewing class specifications for DI positions.
- Script Sender project is delayed until PACS admin is filled. Orders into DI from referring physicians can be automated with CPT code and ICD-10 code compatibility verification and streamlined prior authorization. This will also make sure supporting diagnosis codes for new (AUC) appropriate use criteria are provided.
- Radiology nurse will be offering a monthly ultrasound guided IV start class for nurses interested in learning this skillset. Ultrasound guided IV's have become an essential part of care.
- Testing for Expanse go live on March 1<sup>st</sup>, no issues in DI have been demonstrated in test.
- Radiologists on shift has increased allowing more services without causing delays.
- Mammography routine screening should be 6 weeks after the patients second COVID vaccine to avoid false positive exams and we are checking with patients when scheduling screenings, this is for asymptomatic patients only.
- [https://www.clinicalimaging.org/article/S0899-7071\(21\)00020-6/fulltext](https://www.clinicalimaging.org/article/S0899-7071(21)00020-6/fulltext)
- Patient workflow and Covid precautions continue to be a top priority.

## Future Plan

- Offer Cardiovascular and Vascular Screenings to promote wellness.
- Fill remaining ultrasound vacancies.
- New MRI purchase and remodel if facilities move forward with ER expansion.
- 16 slice CT scanner is at end of life/support plan for replacement in progress.
- Brain Perfusion CTA AI for brain sparing treatment a service of AMBRA Health

## Maintenance Department (Marc Walker)

- ED Waiting Area/ PAS Window: Began 12/17/2020 – current estimated completion date of 01/23/2021. As PAS staff are able to see what they agreed to they are asking for a few changes. The changes will not be allowed to be part of this contract as term contract limits have been exceeded. Maintenance has met with the department and is currently gathering prices for the requested changes. The additional doorway exiting the waiting area is being scheduled with the contractor.
- Covid Lab: Laboratory space is complete with the exception of a small warranty issue regarding a failed modulation valve in the heating system.
- ED Ortho/ Trauma rooms: Professional Services Fee Proposal received. CBJ is putting together the contract and negotiating fees. Project estimated completion date of April 30 2021.
- Cardiac Rehab space expansion: Professional Services Fee Proposal received. CBJ is putting together the contract and negotiating fees.
- ASU-11/Endo Fan: Bids Received and low bid accepted. The contractor was given the notice to proceed. Estimated Substantial Completion 04/13/2021.
- Physician Call room update: Rough Estimate of Project Cost being redefined.
- Side Walk Phase 1 Replacement: Currently being worked on by CBJ Engineering and Dowl. Meeting with BRH on the January 6th to confirm the project scope. Construction estimate \$1.2M, Professional Services \$120K (Deferred Maintenance) Estimated Bid first week of March 2021. Construction 4 months middle of summer 2021
- Underground Fuel Line Replacement: Currently being worked on by CBJ Engineering. Construction estimate \$120K, Professional Services \$25K (Deferred Maintenance). Estimated Bid mid-March 2021. Construction 2 months early summer 2021.
- New South Entrance: Currently being worked on by CBJ Engineering and Dowl.
- Hospital Drive: On hold until Spring.
- CSR Equipment upgrade: Awaiting Final Design from PDC Engineers. Estimated delivery of final design documents 01/15/2021 02/12/21
- ED Triage Building: Substantially complete owner installed item are being installed.
- ASU 1 Conversion to Glycol: 100% drawings completed 12/21. Construction estimate \$125K, Professional Services estimate \$25K (Deferred Maintenance). Construction 3 weeks, estimated project completion date of 04/30/2021
- RRC Siding and Window Replacement: 100% documents received and are currently under review.
- Behavioral Health Facility: Bid ready document are nearing completion. Advertise Project 02/22. Bid opening 03/23.
- Fire Door Replacement and door upgrades for security: Facilities is currently compiling a list of doors. Anticipate list completion ready for the engineers 02/19/21





### **Pharmacy Department (Ursula Iha)**

- Pharmacy staff orders and coordinates distribution of the COVID vaccine with the Bartlett and CBJ Point of Distribution team.
- Clinical Informatics Pharmacist, Gretchen Glaspy, is testing and developing training materials for the Meditech update to Expanse on March 1, 2021. While the pharmacy desktop module is not changing much, the home medication lists will be much easier to use because the new “Drug Concept” replaces the old ambulatory drug dictionary. It consolidates medication dosage forms making it more user friendly.
- In February, we went live with software to manage sterile compounding process standardization, barcode verification, and documentation of compounded sterile products. The software receives prescription information from Meditech, uses barcode scanning technology to confirm the correct medication is used, and documents lots, expiration dates, and pharmacist approval.
- The Omnicell central computer system was updated to the current version that will allow implementation of new safety options.

### **Physical Therapy (James “Rusty” Reed)**

- We remain fairly steady with inpatient PT, OT, ST services but continues to fluctuate.
- We continue to be fairly busy with new outpatient referrals.

- We are continuing to move forward with implementing the Jellyfish Health platform for appointment reminders and other functionalities to make us more efficient.
- We are continuing to maintain a no wait list with our wound care.
- We are continuing to provide teletherapy sessions where appropriate
- Pediatrics continues to be below Pre COVID levels. We are currently averaging about 4-5 visits per day on campus and averaging about 5-7 teletherapy visits per day. Offsite location remains on the wish list so that we can regain and build this service line.
- We have brought in an OT traveler to cover the gap in our OT service line. She is doing a really good job.
- We continue to look for a casual OT to hire.

# Bartlett Regional Hospital

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## February 2021 Behavioral Health Board Report Bradley Grigg, Chief Behavioral Health Officer

- **February Psychiatry Staff/Locum Provider List\*\*:**
  - **Dr. Joanne Gartenberg** Behavioral Health Medical Director
  - **America Gomez**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
  - **Cynthia Rutto**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing inpatient MHU services and outpatient services to children, adolescents, and adults in addition to taking call
  - **Nicholas White**, Psychiatric Mental Health NP (Part Time Independent Contractor) is providing telehealth outpatient services to adults via BOPS.
  - **Dr. Stephanie Chen** (Locum Psychiatrist) is providing part time telehealth outpatient service to and consultation for children and adolescents
  - **Dr. Judy Engleman** (Locum Psychiatrist) is providing part time telehealth outpatient services to adults
  - **Dr. Monika Karazja** (Locum Psychiatrist) is providing full time inpatient services on MHU in addition to outpatient services to adults. Her current assignment is through May 2021.
  - **Dr. David White** (Locum Psychiatrist) is a Child & Adolescent Psychiatrist who is providing full time outpatient services to children and adolescents at BOPS and through PES. He is also assisting us in the development of the Crisis Stabilization Program. Dr. White has signed a one-year commit to BRH (through October 2021)
  - **Dr. Al Fineman** (Locum Psychiatrist) is providing full time psychiatric services to patients admitted to Rainforest Recovery Center Residential Treatment and Withdrawal Management

**\*\* We continue to recruit for full time MHU inpatient, full time RRC, and full time BOPS psychiatric employed providers in order to lessen our current dependence on locums coverage.**



- **RAINFOREST RECOVERY CENTER:**
  - **RRC Residential Treatment Update:**
    - Utilization remains near or at 100% most days.
    - Admissions only from Southeast will be considered at this time.
    - Capacity remains at 8 (75%)
    - Average Waitlist is 12-15 patients per day
    - Weekly in-house patient COVID testing
    - Biweekly in-house RRC staff COVID testing
    - Masking requirements
  - **RRC Withdrawal Management (Detox) Update:**
    - January average daily utilization was 2.5 patients (current capacity is 4).
    - Staffing includes 1 RN and 1 CNA per 12-hour shift.
    - 24/7 admissions; most comment admissions are directly from ED, in addition to transfers from Medical and direct admits from primary care providers
    - **43% of all WMU patients have successfully transitioned to RRC residential treatment since December 1**
  - **RRC Outpatient Treatment Update:**
    - We currently have 35 patients enrolled receiving:
      - 100% virtual treatment
      - Medication Assisted Treatment
      - Assessment
      - Individual & Group Treatment Sessions
      - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.
  - **RRC Community Navigator Program Update:**
    - New BRH Program for FY21, funded by the Juneau Community Foundation.
    - 3 FTE Navigators who identify/accept community referrals/provide intensive case management for adults who are identified as high risk due to homelessness, substance use disorder, and mental health disorders
    - See attached FY21 Quarter 2 Navigator Report, our first quarter in providing these services.
- **Adult Mental Health Unit (MHU):**
  - January daily average census was 5
  - MHU continues to only accepting patients from Southeast.
  - Average length of stay for December was approximately 7 days.

- **Bartlett Outpatient Psychiatric Services (BOPS):**
  - BOPS outpatient operations continue to be 100% virtual
    - 6.5 FTE therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
    - 3.5 Psychiatric providers are delivering telehealth psychiatric / medication management from their home offices/BOPS Clinic.
    - The DAY Psychiatric Emergency Services Therapist and Psychiatric Provider are on site during their on-call day.
    - **Please see attached email re: the Emergency Declaration expiration and DHSS/DBH's response to the ongoing need for flexibility around telehealth services due to COVID-19**
  - **January 2020 Stats:**
    - 583 patient encounters
    - No show rate 18.2\6% (significantly below national average of 23%)
    - Continued significant increase in new patient referrals, especially children/adolescents.
  
- **Updates on Continued Expansion of BOPS Outpatient Supports:**
  - BOPS is currently recruiting for a Neuropsychologist to meet the growing need of individuals meeting the need for neuro-psych evaluations to better determine a plan of treatment for this population of patients. The current community need for these evaluations are:
    - BOPS: 50 patients
    - Juneau School District: 50+
    - We are working with primary pediatric providers to determine their level of need
  - BOPS is currently in the planning phase of opening an Applied Behavioral Analysis Clinic to better provide "in community services" to Juneau and Southeast Alaska families with you on the autism spectrum and who have other complex behavioral challenges.
  - Bartlett Oncology and BOPS are partnering to serve oncology patients and their families who evidence signs of increased depression and anxiety. Services will begin in March 2021.
  - OT/PT and RRC are partnering to expand capacity for OT/PT patients via telehealth. Staff will meet virtually from the new RRC Withdrawal Management Unit Conference Room. This expansion will allow for a minimum of 10 additional hours weekly of services.
  - Erin Maloney, BOPS Therapist, is partnering with Sarah Gress, RN, to co-facilitate a community support group for families who are experiencing Perinatal Bereavement.
  - The COVID-19 Staff Support Program was birthed to provide professional, confidential counseling to employees of Bartlett

Regional Hospital to support them during the period of time they are caring for patients impacted by the COVID-19 pandemic. Counseling services are facilitated by licensed contracted therapists who are not employees of BRH. Services utilize a brief treatment approach. **Since May 1, 2020, 87 BRH Employees have accessed these supports.**

- **Psychiatric Emergency Services (PES):**
  - January 2021:
    - 122 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis,
      - 93 Adults
      - 29 Children/Adolescents
  
- **Crisis Intervention Community Based Services (CIS):**
  - The CIS team consists of 2 Therapists and 5 Youth/Family Navigators who provide in home and community supports for youth/families who are discharged after a crisis assessment being completed in the Emergency Staff.
  - Goal of the program is to provide ongoing supports to assist families through their crisis by offering counseling and skills building services.
  - All services delivered are reimbursable under “Crisis Intervention” under the State Medicaid Plan. For non-Medicaid families, we continue to work with payers in terms of reimbursement.
  - January 25-February 15, 2021, CIS served 18 families with short term intensive crisis supports to help them. All youth served thus far are Medicaid eligible.
  - Please see attached overview of the CIS program for more information.
  
- **Crisis Stabilization Services Update:**
  - Crisis Center Floor Plan – Finalized
  - Exterior Rendering of Facility – Finalized
  - Patient Safety Environmental Risk Assessment – Finalized
  - Final Cost Review – Completed
  - **Anticipated “Out to Bid” Date: First week of March with a substantial completion date of July 2022.**

## Community Navigator Quarterly Report

### FY21 Q2 Report (December 1, 2020 through December 31, 2020)

#### Q2 Points of Interest:

- Program is staffed with:
  - 3 FTE Navigators (Funded by Juneau Community Foundation)
  - 0.33 Navigator Supervisor (Funded by BRH)
  - 0.10 Clinical Supervisor (Funded by BRH)
- October 1, 2020 through December 31, 2020 Navigators had contact with 115 unique individuals. Of those 115:
  - 37 (32%) individuals were successfully connected with at least one social service support agency; many were connected with multiple social service support agencies
  - 77 (67%) were referred by community partners
  - 38 (33%) were referred internally by Bartlett Hospital staff
- Navigators assisted 9 individuals experiencing homelessness successfully identify permanent housing.
- Agencies with whom Navigators have worked with/received referrals from during Q2 include:
  - Bartlett Regional Hospital (Adult Mental Health Unit, Rainforest Recovery Center, Emergency Department, Bartlett Outpatient Psychiatric Services, Social Work/Case Management)
  - Saint Vincent de Paul
  - The Glory Hall
  - Gastineau Human Services
  - AWARE
  - Love INC
  - Family Promise
  - Mac's/Mary's Place Treatment (Sitka, AK)
  - Forget Me Not Manor/Juneau Housing First
  - CBJ Homeless Outreach
  - CCFR CARES Team
  - CBJ/SVDP Warming Shelter
  - Alaska Housing Finance Cooperation
  - Alaska Housing Development Cooperation
  - Juneau Payee Services
  - Adult Public Assistance Alaska
  - NAMI, Juneau
  - JAMHI Health & Wellness
  - Front Street Clinic
  - Alaska Division of Behavioral Health

Other organizations have been contacted and notified of our existence/benefits but have responded as: will contact as needed.

## Q2 Success Stories:

**T.K.-**A male client was referred to the Community Navigator Program by Saint Vincent de Paul. This gentleman was identified as homeless, living in their van. However, Navigator staff identified he did have an Alaska Housing Section 8 Voucher along with some monthly income via Social Security Disability. He expressed motivation to get out of his van situation because of how cold it was getting. In addition, he also needed to identify a housing option before his Section 8 Voucher expired. Navigators assisted him in completing several housing applications throughout Juneau. He recently received word that Mendenhall Towers Apartments had an opening and was willing to rent to him.

On the morning that he was scheduled to do the walkthrough with Mendenhall Towers staff along with his Section 8 Worker, this gentleman was arrested and missed his appointment to finalize the apartment. Initially, Navigator staff didn't know what had happened and weren't able to locate him. Pursuant to multiple calls, including checking Alaska Court View, it was confirmed he was temporarily incarcerated but was being released same day. Navigator staff communicated this with the landlord and his Section 8 Worker and successfully rescheduled another date to finalize his walk through and move in.

Patient was able to successfully receive his keys and move into his new apartment. T.K. was connected with Love Inc. who provided some furniture for his apartment, along with some toiletries, cleaning supplies, and kitchenware. He also had a small storage unit with a bed and coffee table in it. Navigators assisted him in cleaning out his storage unit and delivering his bed to the new apartment. All of this took approximately a month to successfully complete. As of today, T.K. has successfully maintained his new housing for nearly three months. Navigator staff provide regular check-ins with both T.K. and the landlord to offer up any supports identified to ensure he remains successfully housed.

**H.M.- (Personal experience from a Navigator perspective)** “At the end of 2020, I began working with a woman who had been homeless for 15 years, going in and out of the prisons. She approached me and was highly motivated to obtain housing. I worked with her and followed up with multiple avenues including Section 8 Vouchers and Tlingit & Haida Regional Housing Authority. Despite challenges in successfully connecting with many agencies, she continued to meet with me multiple times a week, and on the strength of that contact we were able to make significant progress. After more than a month of consistent meetings, we were able to get her into housing at a local apartment complex, partially paid for her first month rent through Gruening Park. In addition, she received a grant from St. Vincent de Paul. We also helped her get back on track for her Social Security income to be adjusted for her new living situation. In addition, we connected her to Love, Inc. for furniture for her new apartment. This was her first permanent housing in over a decade.

---

**C.J.-** Community Navigators were introduced to a gentleman man through their work at Saint Vincent de Paul and the Glory Hall. Previously homeless, he was housed by Saint Vincent de Paul; however, continued to struggle with substance abuse and was at risk of losing his housing due to his addiction. After multiple interactions with Navigator staff, he shared that he was interested in receiving treatment and returning to the sober lifestyle he once led. Through amazing collaboration between Community Navigators and other Bartlett Regional Hospital staff, he was accepted into the new Withdrawal Management Unit for detox. Unfortunately, because there were no beds available at Rainforest Recovery Center at the time, he chose to leave against medical advice. After some heart to heart conversations, combined with motivational interviewing and care coordination, C.J. returned to Withdrawal Management after the CCFR CARES team brought him into the BRH Emergency Department. By this time, he had been accepted into RRC and his spot on the waitlist had become available. During his admission to Withdrawal Management, it was discovered that C.J. had some underlying medical issues that his care team wasn't previously aware of. He is currently awaiting substance abuse treatment, and with the help of his care team, he will be referred to a longer term care facility where his medical and behavioral health needs can be met and managed appropriately.

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**Current Navigator Schedule: \***

<b><i>Navigators</i></b>	<b><i>Monday</i></b>	<b><i>Tuesday</i></b>	<b><i>Wednesday</i></b>	<b><i>Thursday</i></b>	<b><i>Friday</i></b>
<b><i>Henry Melville</i></b>	<b>0900-1300</b> St. Vincent	<b>0900-1300</b> St. Vincent	<b>0900-1300</b> St. Vincent	<b>0900-1300</b> St. Vincent	<b>0900-1300</b> St. Vincent
	<b>1330-1730</b> Bartlett/Other	<b>1330-1730</b> Bartlett/Other	<b>1330-1730</b> Bartlett/Other	<b>1330-1730</b> Bartlett/Other	<b>1330-1730</b> Bartlett/Other
<b><i>Corinne Jenab</i></b>	<b>0800-1200</b> Bartlett/Other	<b>0800-1200</b> Bartlett/Other	<b>0800-1200</b> Bartlett/Other	<b>0800-1200</b> Bartlett/Other	<b>0800-1200</b> Bartlett/Other
	<b>1230-1630</b> Housing	<b>1230-1630</b> Housing	<b>1230-1630</b> Housing	<b>1230-1630</b> Housing	<b>1230-1630</b> Housing
	<b>1st/Other</b>	<b>1st/Other</b>	<b>1st/Other</b>	<b>1st/Other</b>	<b>1st/Other</b>
<b><i>Trevor Kellar</i></b>	<b>0800-1200</b> BRH/Other	<b>0800-1200</b> BRH/Other	<b>0800-1200</b> BRH/Other	<b>0800-1200</b> BRH/Other	<b>0800-1200</b> BRH/Other
	<b>1230-1630</b> Glory	<b>1230-1630</b> Glory	<b>1230-1630</b> Glory	<b>1230-1630</b> Glory	<b>1230-1630</b> Glory
	<b>Hall/Other</b>	<b>Hall/Other</b>	<b>Hall/Other</b>	<b>Hall/Other</b>	<b>Hall/Other</b>

\*This schedule ensures up to 20 hours per week dedicated to SVDP, up to 20 hours for Housing First, up to 20 hours for Glory Hall, and 60 hours a week for BRH/other organizations' referrals.

**Q3 Futures Planning:**

- January 2021: Adding a 4<sup>th</sup> FTE Community Navigator (Funded by BRH)
- January 2021: Expanding to 12 hours/5 days per week Navigator availability
- March 2021: Begin Medicaid billing under the 1115 Waiver where appropriate
- July 2021: Purchase a second vehicle to support Navigator services (Funding source TBD)

# Community Based Psychiatric Emergency /Crisis Intervention Program

## OVERVIEW:

Bartlett Behavioral Health's System of Care approach to Crisis Intervention Services is to offer a no-wrong-door access to mental health and substance use care; offering 24-hour access to individualized assessment and support with behavioral health specialists, therapists, and psychiatric providers who are training to support individuals and families who are experiencing a behavioral health crisis. For us, crisis intervention refers to the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems.

### Our commitment in providing Crisis Intervention Services includes:

- Reducing the intensity of an individual's emotional, mental, physical and behavioral reactions to a crisis.
- Improve functioning above and beyond the presenting crisis by developing new coping skills and eliminating ineffective ways of coping, such as withdrawal, isolation, and substance abuse.
- Support individuals and families in recovering from the crisis and to prevent serious long-term problems from developing
- Offer tools to assist individuals and families in successfully coping with future crises that may arise.

### Our caring staff utilize strategies when approaching crises such as:

- Crisis intervention and stabilization that is customized to you or your loved one's individual need(s)
- Psychiatric assessment
- Medication management
- Individual and family therapy
- Navigation supports to assist you in successfully identifying supports in your community
- In-home and community based supports
- Referrals to behavioral health resources in your community

## Eligibility:

Bartlett's Crisis Stabilization Services provide short term, intensive mental health care to individuals and families who are experiencing an acute psychiatric crisis. Eligibility criteria includes:

- Families with children and adults who are experiencing a behavioral health crisis where:
  - o there is a risk of harm to self/others
  - o mental health symptoms are impacting one's ability to optimally function at school, work, or in the community
  - o mental health symptoms are jeopardizing housing and/or employment
  - o little to no current access to behavioral health supports



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

## February 23, 2021 Board Report

Kevin Benson, CFO

### FINANCE – Kevin Benson

- Began conduction of department manager budget meetings for FY2022. This will be a challenging year with COVID effects still hanging on.
- Proceeded with posting a position for Grants Manager to join the Finance Department.
- Still monitoring the reporting requirement for Provider Relief Funds. The regulations have relaxed significantly and we should not have a problem claiming the funds received.

### HIM – Rachael Stark

- We are continuing to work on our purging process for RRC and Bartlett Regional Hospital charts.
- We had a resignation and will be searching for a full-time employee for the Release of Information position.
- Fair Warning had a soft roll out on February 1, 2021. So far there have been no reportable breaches and the product seems to be working very well.
- We also are trying to prepare for the Meditech upgrade to Expanse and the ambulatory product.

### PFS – Tami Lawson-Churchill

- Overall cash collections for the month of January was just over \$7.2 Million
- Medicaid Provider Self-Audit has been completed for BRH, BOPS and RRC will be submitted to the State this week
- Price estimator tool is now available on the BRH website. We are still working to finalize all requirements related to both State and Federal regulations
- Testing AMB Expanse weekly and we are preparing for Go-Live in March
- Testing Molecular Lab client billing processes
- Working with Optum to go live in April with our new coding and supply module

### PAS – Angelita Rivera

- PAS is recruiting again for a PT 30 hours and a FT PAS Specialist
- Jellyfish thinks that we are very close to launching with the Rehab Department
- The Waystar eligibility build is underway hopefully up and running by the end of March.

### IS – Scott Chille

#### Projects:

- a. **Wireless Upgrade** project starting: expect completion **mid-February** (contractor delayed due to illness)
- b. **Philips iECG (Tracemaster View)** in-progress: expected completion **April 2021**
- c. **Philips Intellispace Perinatal** Interface project: expected completion **May 2021**
- d. **FairWarning** privacy monitoring/auditing tool in-progress: **Complete**

- e. **MEDITECH Expense** – Go-Live moved to **March 1, 2021** – on track
- f. **Project Schedule Attached**

**2. Department Updates**

- a. Still recruiting for a PACS Administrator – selected a candidate and then he backed out. Position is reposted.

**3. Information Security**

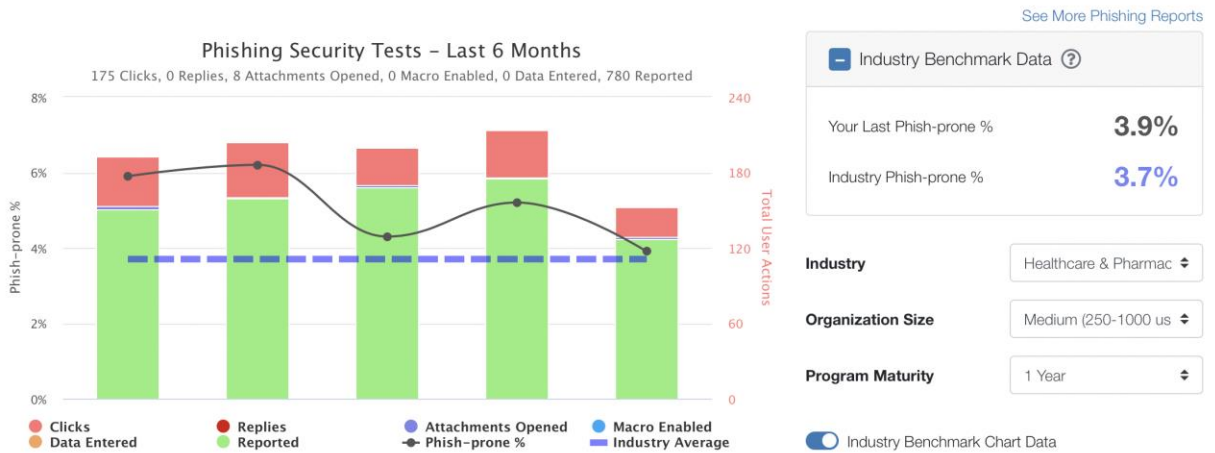
- a. Attacks on Bartlett network continue to be sustained at a much higher level than one year ago.

**Attacks on Bartlett Network**

	As of March-15	As of Aug-31	As of Sep-30	As of Oct-31	As of Nov-24	As of Dec-5	As of Jan-08	As of Feb-08	
Per Minute	86	366	870	2542	377	1020	1230	1046	
Per Hour	5,160	21,960	52,200	152,520	22,620	61,200	73,800	62,760	
Per Day	123,840	527,040	1,252,800	3,660,480	542,880	1,468,800	1,771,200	1,506,240	
Per Week	866,880	3,689,280	8,769,600	25,623,360	3,800,160	10,281,600	12,398,400	10,543,680	
Per Month	3,839,040	16,338,240	38,836,800	113,474,880	16,829,280	45,532,800	54,907,200	46,693,440	
Per Year	45,201,600	192,369,600	457,272,000	1,336,075,200	198,151,200	536,112,000	646,488,000	549,777,600	

- b. New Training campaign to launch later this month.
- c. Security Awareness Program has reached Long-Term Sustainment & Culture Change over the last 2-years from Non-existent/Compliance Focused in 2017-2018.

**Phishing**



### Your Program's Maturity Level

Please refer to the diagram below and, as closely as possible, select the maturity level of your awareness program.



*Please select your program's maturity level (hover over choices below for more information on each level)*

Nonexistent	Compliance Focused	Awareness / Behavior Change	<b>Sustainment / Culture Change</b>	Metrics Framework
-------------	--------------------	-----------------------------	-------------------------------------	-------------------

**From:** [Charles E. Bill](#)  
**To:** [Anita L. Moffitt](#); [Kevin D. Benson](#)  
**Subject:** Fwd: ASHNHA Weekly Update February 18, 2021  
**Date:** Friday, February 19, 2021 8:00:19 AM


After the legislative committee meeting yesterday, I would add the following:  
ASHNHA worked hard to get the Governor to extend the COVID emergency declaration but he was not willing to, deferring to the legislature to make that decision. This leaves Alaska as the only state without one in place. Without the variances allowed by the declaration, several programs could be jeopardized. Providence has already closed a vaccination clinic out of compliance concerns. Telemedicine service could've impacted as well. The proposed reorganization of DHSS may end up being a good thing and it is supported by the department but needs additional time to clarify the details.

Begin forwarded message:

**From:** Alaska State Hospital & Nursing Home Association  
**Date:** February 18, 2021 at 5:29:49 PM MST  
**To:** "Charles E. Bill"  
**Subject:** ASHNHA Weekly Update February 18, 2021  
**Reply-To:** Alaska State Hospital & Nursing Home Association



Is this email not displaying correctly? [View it in your browser.](#)

ASHNHA | Alaska State Hospital & Nursing Home Association



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**ASHNHA WEEKLY UPDATE** February 18, 2021

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### Alaska Public Health Emergency Declaration Ends

ASHNHA along with many stakeholders were very disappointed on Sunday when the Governor announced he would not extend the emergency declaration and the legislature failed to pass legislation for an extension. This has created a tremendous amount of work for health care providers, local governments, businesses, and stakeholders as we all sort out which flexibilities and health orders are ending and what will continue. This places stress on hospital and nursing home operations in particular, and creates much uncertainty. The State has updated previous health orders to become [health advisories](#) with recommendations rather than requirements to mitigate and control COVID.

We do not know what will happen in the coming weeks, but ASHNHA is seeking guidance from DHSS and CMS on the continuation of waivers and flexibilities.

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### What We're Watching this Week in AK Legislature

### **SB 65 Liability Consulting Health Care Provider**

[SB 65](#) would create liability protections for consulting physicians, osteopaths, podiatrists, advanced practice registered nurses (APRNs), physician assistants, dentists, optometrists and pharmacists. These providers would not be liable for providing a consultation, if they meet a list of requirements that establishes that the consultant was not compensated and had no doctor-patient relationship.

### **SB 70 Opioid Overdose Drugs**

[SB 70](#) allows the DHSS CMO to issue a statewide standing order for the prescription of an opioid overdose drug (Naloxone). This would allow continued distribution of Naloxone as the current bill sunsets June 30.

Both of these bill were heard in the Senate Health and Social Services committee [February 16 meeting](#) this week.

### **House is Organized**

Today the House adopted the Committee on Committee report, which means the House is finally organized and can begin to schedule committee meetings next week. ASHNHA looks forward to working with the House Health and Social Services Committee with co-chairs Representative Zulkosky and Representative Snyder.

### **DHSS Reorganization Plan Presented**

Senate Finance had a [presentation](#) today on the reorganization of DHSS. ASHNHA has not yet taken a position on this process but is concerned with the speed of transition and the need for engagement with stakeholders.

### **Nurse Licensure Compact Legislation Scheduled Next Week**

A key priority for ASHNHA this year is legislation enabling Alaska to join the multi-state Nurse Licensure Compact (NLC). The bill [SB 67](#) is scheduled for Tuesday 2/23 at 1:30, in the Senate HSS Committee. We encourage members to submit letters of support for the Nurse Licensure Compact. Letters can be sent to Senator Wilson ([Senator.David.Wilson@akleg.gov](mailto:Senator.David.Wilson@akleg.gov)), Chair of the Senate HSS committee or to the entire committee at [shss@akleg.gov](mailto:shss@akleg.gov). ASHNHA has prepared an [Issue Brief](#) and [Talking Points](#) to assist in writing letters.

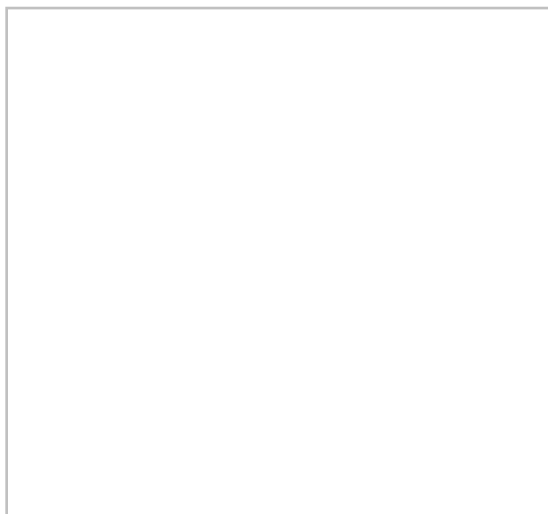
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## **Bartlett Regional Hospital holds a Successful Mass Vaccination Clinic February 11-12**

Bartlett Regional Hospital hosted their second mass vaccination clinic at Centennial Hall in downtown Juneau. ASHNHA Juneau AmeriCorps volunteer Claire Rater was pleased to be able to volunteer both days and contribute to such a successful and important event in the community.

Not only were over 1,000 Juneau residents vaccinated, but it was done in a seamless fashion. Many people receiving the vaccines commended the work that had been put in by people like Gail Moorehead (quality director) and Charlee Gribbon (infection preventionist) to organize, staff and monitor the event. Vaccines were administered to those 65 and older, K-12 teachers, and

those over 50 front line workers or those with a pre-existing high risk condition. Everyone expressed their utmost thanks for being able to receive their first dose and protect themselves and their community.



As vaccine distribution continues to ramp up, it is crucial for communities to have highly functional healthcare distribution systems like that of Bartlett Regional Hospital. The second dose follow-up clinic will be held on March 4 and 5 at Centennial Hall, and they hope to have another first dose clinic the week of March 8. Juneau now has almost 28% of adults vaccinated with at least one dose.

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## National Information

### CDC Releases MMWR on Mask Use

[Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021](#)

This guidance discusses correct and consistent mask use, and how to ensure masks provide the best protection (e.g., look at how well it fits, how well it filters the air, and how many layers it has). New community guidance on improving mask use has been posted ([Improve How Your Mask Protects You](#) and [Maximizing the Fit and Filtration of Your Mask](#))

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### 2021 Special Enrollment Period for Marketplace Coverage Starts on [HealthCare.gov](#) Monday, February 15

Today, in accordance with the [Executive Order](#) signed by President Biden, the Centers for Medicare & Medicaid Services (CMS) is announcing that the Special Enrollment Period (SEP) for the Health Insurance Marketplace® will officially be available to consumers in the 36 states that use the [HealthCare.gov](#) platform on Monday, February 15, and will continue through Saturday, May 15. At least 13 States plus the District of Columbia, which operate their own Marketplace platforms, have decided to offer a similar opportunity.

---

### The Clinician Well-Being Playbook

Now available from AHA is the new [Well-Being Playbook v2.0](#), a COVID-19 resource for hospital and health system leaders.

Burnout is not new, however COVID-19 has highlighted the challenges faced when administrative burden, sub-optimal communications systems, and unbalanced teams collide with an extended crisis. More [resources](#) are available along with a [webinar](#) on the playbook .

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### Demo Invitation for Healthcare Facilities in Alaska

The National Emergency Tele-Critical Care Network (NETCCN) is interested in working with rural

healthcare facilities to provide real-time critical care support. The purpose of this effort is not to replace existing services but to serve as a force multiplier for delivering high quality, need driving clinical support. NETCCN is presenting a demonstration of this system for healthcare facilities in Alaska on Friday February 19, 2021 from 1-3pm. Please feel free to use this [link](#) for the demonstration.

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## Public Notices

### **Certificate of Need Determination Issued for Pain Management Services**

In accordance with 7 AAC 07.031, the Department of Health and Social Services (DHSS) has determined that a certificate of need is not required for the health care project described below:

Project/Activity: Hatcher's Pass Surgery Center, LLC is seeking to establish pain management services at a facility in Wasilla, Alaska

Estimated Cost of Project/Activity: \$937,275.55

Summary of Decision: Hatcher's Pass Surgery Center, LLC is seeking to establish pain management services, with one procedure room, to be located at 3035 Palmer-Wasilla Highway, Suite 500, Wasilla Alaska. After review of the proposed project, it has been determined that a CON is not required because the amount of the project does not exceed the \$1.5 million dollar threshold under AS18.07.031

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## Upcoming Education Events

### **COVID-19 Vaccine: Reasons Not to be Afraid**

During the Telligen sponsored presentation Dr. Anuj Mehta, Assistant Professor of Medicine with Denver Health and Hospital Authority, discussed why some healthcare providers and patients are vaccine hesitant and provided answers to the following questions:

- How does immunity work?
- What are mRNA vaccines, and should I trust them?
- What is the current data on safety and efficacy of the COVID-19 vaccine?

The [Webinar Recording](#) and [Powerpoint](#) presentation are available to staff at Alaska health care facilities.

---

### **Perioperative Nurse Training Opportunity**

The next peri operative nurse training cohort run by Providence and supported through ASHNHA is scheduled to begin on February 22. There are still three spaces available in this training. Please contact [Sara@ASHNHA.com](mailto:Sara@ASHNHA.com) for more information.

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### **ANTHC Substance Misuse and HIV/STD Prevention Program**

The ANTHC Substance Misuse and HIV/STD Prevention Programs have three more Harm Reduction Trainings coming up this spring, and welcome you to join. The links to register are below. After registering, you will receive a confirmation email containing information about joining the meeting.

- *February 24th, 10:30AM-Noon*  
**Harm Reduction 101**  
[Register Here](#)
- *March 24th, 10:30AM-Noon*  
**Stigma, Empathy, and Trauma Informed Care**  
[Register Here](#)
- *April 20th, 10:30AM-Noon*  
**Harm Reduction in the time of COVID19**

[Register Here](#)

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### Compassion Fatigue for Alaskan Nurses: A COVID-19 Resilience Recovery Series

- [02/24/2021 Session 9: Leadership in Community: A Panel Discussion on the Struggles and Triumphs of Real-Life Crisis Leadership](#)

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### In the News

[Vivian Knop named Citizen of the Year - The Cordova Times](#)

[State COVID-19 disaster emergency set to end Sunday- Fairbanks Daily News-Miner](#)

[With federal aid at stake, Alaska Legislature fails to extend COVID-19 state of emergency - Anchorage Daily News](#)

[Vaccines and safety measures hang in the balance as Alaska lawmakers allow COVID-19 response powers to expire - Alaska Public Media](#)

[Uncharted territory': Cheers, deep frustration as Alaska loses state COVID-19 emergency declaration - Anchorage Daily News](#)

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## Conferences & Webinars

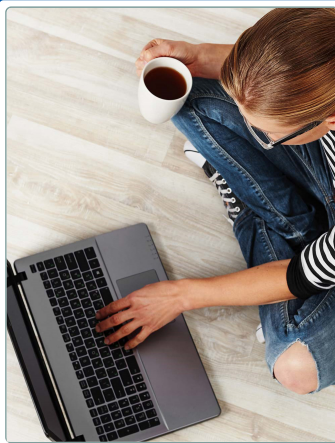
The Governance Institute hosts events that offer current information, interactive sessions, expert speakers, and the opportunity to meet others with a similar commitment to improving governance and achieving optimal board performance. Our hybrid event enables you to attend in-person for an individual connection experience, or offers you the flexibility of engaging virtually. Your choice!

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[Education Agenda](#)



### UPCOMING WEBINAR

## How to Hire a CEO: A Guide for Ensuring Effective Selection at the Most Important Position

February 25, 2021 | 2:00–3:00 p.m. Eastern | [REGISTER](#)

Finding the right CEO can unleash and connect all the latent talent and performance across your organization’s ecosystem of stakeholders; tapping the wrong one can leave an organization floundering. This Webinar will present powerful insights that can help you optimize process and make the right selection for your top leader.

[LEARN MORE](#)



HYBRID EVENT

### April 2021 Leadership Conference

April 18–21, 2021  
Fairmont Scottsdale Princess  
Scottsdale, Arizona

[REGISTER](#)



HYBRID EVENT

### The Governance Institute System Forum 2021

August 22–24, 2021  
The Brown Palace Hotel & Spa  
Denver, Colorado

[REGISTER](#)



HYBRID EVENT

### Governance Support Forum 2021

September 18–19, 2021  
InterContinental San Diego  
San Diego, California

*More information coming soon*



**September 2021 Leadership Conference**

**September 19–22, 2021**  
InterContinental San Diego  
San Diego, California

*More information coming soon*



**October 2021 Leadership Conference**

**October 10–13, 2021**  
The Broadmoor  
Colorado Springs, Colorado

*More information coming soon*



**January 2022 Leadership Conference**

**January 16–19, 2022**  
The Ritz-Carlton, Naples  
Naples, Florida

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[2023 Events →](#)

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## March 2021

\*\*\*Until further notice: To encourage social distancing, participants wishing to join public meetings are encouraged to do so by using the video conference meeting information at the top of each meeting's agenda.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9 7:00am Credentials Committee BR (NOT A PUBLIC MEETING)	10 3:30pm Board Quality Committee (PUBLIC MEETING)	11	12 12:00pm Planning Committee (PUBLIC MEETING)	13
14	15 5:00pm Physician Recruitment Committee (PUBLIC MEETING)	16	17	18	19 12:00pm Finance Committee (PUBLIC MEETING)	20
21	22	23 5:30pm Board of Directors (PUBLIC MEETING)	24	25	26	27
28	29	30	31			

### Committee Meeting Checkoff:

Board of Directors – 4<sup>th</sup> Tuesday every month  
 Board Compliance and Audit – 1<sup>st</sup> Wednesday every 3 months Jan, April, July, Oct.)  
 Board Quality- 2<sup>nd</sup> Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)  
 Executive – As Needed  
 Finance – 2<sup>nd</sup> Friday every month

Joint Planning – As needed  
 Physician Recruitment – As needed  
 Governance – As needed  
 Planning – 3<sup>rd</sup> Friday every month